



Temple Beth Shalom

5089 Johnstown Road
New Albany, Ohio 43054

PHONE 614.855.4882
FAX 614.855.4689
WEBSITE www.tbsohio.org
EMAIL tbs@tbsohio.org

Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. Your payment will show on the left hand bottom of each statement we send out. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will notify the TBS office.

Please complete the information below:

I _____ authorize **TEMPLE BETH SHALOM** to charge my credit card/deduct from my bank indicated below for \$_____ on a MONTHLY / QUARTERLY (PLEASE CIRCLE ONE) for payment of my balance due.

If I have additional invoiced items billed to my account (such as HHD appeal, gala tickets, Passover Seder), I give TBS authority to charge/deduct those items the month following the expense.

Name of person completing this form: _____

Phone # _____

Checking/ Savings Account (FREE)

Checking Savings

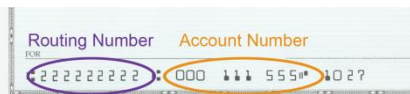
On the _____ of each month/quarter

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____



Credit Card (3% FEE ADDED)

Visa MasterCard

Amex Discover

On the _____ of each month/quarter

Cardholder Name _____

Account Number _____

Exp. Date _____

Please note due to the high costs, we now charge a 3% fee for credit card processing.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Temple Beth Shalom in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Temple Beth Shalom may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.