

Temple Emanuel
10101 Connecticut Avenue
Kensington, MD 20895
301-942-2000
Fax 301-942-9488

ACH: AUTOMATIC CLEARING HOUSE PAYMENTS

(See back of this form for Credit Card instructions)

There are two ways to use ACH. The first is through our online system: After creating an account, you will receive an email that your statement is ready and you make your payment through your bank. The second is where you provide us with the information and authorization below and we transfer the funds from your account to ours. Either method is preferred over credit cards.

To utilize ACH payments, allowing Temple Emanuel to transfer from your account to ours, please fill out the form below and attach a voided check:

I, _____ (Full name), authorize Temple Emanuel to charge my checking account as noted below:

	Yes	No
Current Monthly Annual Dues (Recurring)	_____	_____
Current Monthly TEECC Tuition & Fees (Recurring)	_____	_____
Current Monthly Religious School Tuition & Fees (Recurring)	_____	_____
Other Currently Billed Items	_____	_____

All information will be kept in strict confidence

Name: _____

Checking Account Number: _____

Checking Routing Number: _____

Signature: _____ Date: _____

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Automatic Recurring Monthly Payment Authorization Form

**PLEASE NOTE THAT PAYMENTS MADE BY CREDIT CARD IS 2.5% HIGHER
THAN PAYMENTS MADE BY CHECK OR ACH
(See back of this form for ACH instructions)**

Complete the information below if you wish to register for Automatic Recurring Monthly Payments by Credit Card. Please print clearly. Your credit card will be charged by the 10th of each month for the items as indicated below. You will still receive a monthly statement for your review and records

I, _____, authorize Temple Emanuel
(full name)
to charge my credit card as noted below:

	Yes	No
Current Monthly Annual Dues (Recurring)	_____	_____
Current Monthly TEECC Tuition & Fees (Recurring)	_____	_____
Current Monthly Religious School Tuition & Fees (Recurring)	_____	_____
Other Currently Billed Items	_____	_____

All information will be kept in strict confidence.

Card Type: *(Please circle.)* Visa MasterCard Discover

Credit Card Account Number _____

Credit Card Expiration Date _____

Name on Card _____

Billing Address of Card _____

City, State, Zip of Card _____, _____

Signature _____ Date _____

This agreement will remain in effect until canceled by the cardholder.
Please contact the Temple Bookkeeper at bookkeeper@templemanuelmd.org with any questions.