

Temple Emanuel
Payment Authorization Form

Please return this form to bookkeeper@templeemanuelmd.org

I, _____ (Full name), authorize Temple Emanuel to charge my checking account or credit card for my Temple Emanuel balance, on a monthly basis, based on a fiscal year running July-June. *(Please remember that credit card payments are 2.5% higher than checks or ACH.)*

In signing below, you agree that:

- Temple Emanuel has your permission to run payment for all charges billed to your account
- Membership Dues and Religious School Tuition will be charged monthly, spread evenly over the fiscal year (through June)
- The Combined 7th Grade/B'nai Mitzvah Fee is charged monthly, spread evenly between the billing date and the date of the Bar or Bat Mitzvah
- TEECC Monthly Tuition and other Temple charges (group membership, dinners, events, ECC Challah orders, etc) will be charged in full, for the month in which they appear on your statement
- Payments will be run by the 10th of each month (with the exception of July) and you are responsible for any fees incurred due to funds not being available at the time of payment
- For TEECC Families: In the event that your payment is declined or returned, you are responsible for providing alternate payment within 2 business days of being contacted, or you will be subject to penalties as laid out in your TEECC Parent Handbook.

Please run the Credit Card ___ or ACH ___ Account (please check one) on file, ending with these four digits: _____

I will contact the Temple Office at 301-942-2000 or complete the attached form to provide credit card or ACH information (please do not send any bank or credit card information in an email)

Signature _____

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ACH – Credit Card Account Information

Please bring this form to Temple Emanuel, or attach to email as a PDF to bookkeeper@templeemanuelmd.org

Please fill this section out if paying by Automatic Checking Account (ACH)

Name: _____

Checking Account Number: _____

Checking Routing Number: _____

Signature: _____ Date: _____

Please fill this section out if paying by credit card (please note that the credit card payment amount is 2.5% higher than payments made by check or ACH)

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 _____