



**Congregation Beth Shalom
Credit Card Authorization**

(Please fill out completely)

All credit card transactions will be completed by the 5th day of each month.

BILLING INFORMATION:

Full Name: _____

Billing Address: _____

City and State: _____ Zip code: _____

Telephone: _____ Email: _____

Credit Card Type: { } VISA { } MASTERCARD

Card Number: _____ Expiration: _____

Name as it appears on the card: _____

One-time Charge

Total amount to charge today: \$ _____

Charge this card for _____

A Credit Card Convenience fee of 2.5% will be added to your total.

I authorize Congregation Beth Shalom to charge my credit card as indicated above. I understand that refunds of assigned charge permissions will not be given. I further understand that I am liable for charges, pledges and other billable amounts due to Congregation Beth Shalom in the event charges are declined.

Authorized Signature _____ Date _____