

**TEMPLE BETH DAVID - PAYMENT PLAN FORM – 2017/2018 (5777/5778)**  
*PLEASE - IT IS IMPORTANT THAT YOU RETURN THIS COMPLETED FORM BY JULY 31*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Invoiced Commitment Amount as of July 1, 2017: \$ \_\_\_\_\_

Please check the box that best indicates your planned payment method.

I/we will pay by check		I/we will pay by credit card	
<input type="checkbox"/>	One payment (100%) Due by 07/31/2017	<input type="checkbox"/>	One payment (100%) Made upon receipt of this form
<input type="checkbox"/>	Two payments (50% each) Due by 07/31/2017 and 12/31/2017	<input type="checkbox"/>	Two payments (50% each) Made upon receipt of this form and 12/15/2017
<input type="checkbox"/>	Six payments: Paid in full by December 2017 (equal payments preferred)	<input type="checkbox"/>	Five payments: Automatic monthly credit card payments from 08/15/2017 through 12/15/2017
<input type="checkbox"/>	Twelve payments: Paid in full by June 2018 (equal payments preferred)	<input type="checkbox"/>	Eleven payments: Automatic monthly credit card payments from 08/15/2017 through 06/15/2018

\_\_\_\_\_  
 (SIGNATURE) (PRINT NAME) (FAMILY ID) DATE

**Credit Card Authorization – I hereby authorize Temple Beth David to charge/bill the below credit card for the amount of my commitment in accordance with the Payment Plan selected above. I understand my credit card will be automatically charged on or near the 15<sup>th</sup> of the month in accordance with the payment plan selected above. If authorization is received after August 15<sup>th</sup>, the remaining payments will be adjusted accordingly. It is my responsibility to inform the Temple of any changes or updates to my credit card. I understand that if the card expiration date lapses or is otherwise rejected, the amount of the missed charges/payment(s) will be allocated over any remaining payments. THIS INFORMATION MUST BE UPDATED ANNUALLY.**

I understand Temple Beth David will incur a 3% transaction fee to process my payments – I authorize Temple Beth David to add the amount equal to 3% of my total annual commitment to be paid in accordance with the payment plan selected above.

CARD NUMBER: \_\_\_\_\_ CARD TYPE \_\_\_\_\_ VISA Mastercard

Name as it Appears on the Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code (3 digits from back of card) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (this signature is required for credit card payments in addition to the signature above)

*If you have any questions, please contact the Financial Secretary at [FinSec@TempleBethDavid.net](mailto:FinSec@TempleBethDavid.net)*

**TBD Office Use Only:**

Total Commitment		Approved President: Financial Secretary:
Total # Payments		
Amount per Payment		Check # & Check Received Date: Check Deposit Date: CC Entry Date:
CC Fee to be added		