

**TEMPLE BETH DAVID - PAYMENT PLAN FORM – 2018/2019 (5778/5779)***PLEASE - IT IS IMPORTANT THAT YOU RETURN THIS COMPLETED FORM BY JULY 31*

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**The total amount due per your July 1, 2018 invoice** \$ \_\_\_\_\_**Please check the box that best indicates your planned payment method.**

<b>I/we will pay by check</b>		<b>I/we will pay by credit card</b>	
<input type="checkbox"/>	One payment (100%) Due by 07/31/2018	<input type="checkbox"/>	One payment (100%) Made upon receipt of this form
<input type="checkbox"/>	Two payments (50% each) Due by 07/31/2018 and 12/31/2018	<input type="checkbox"/>	Two payments (50% each) Made upon receipt of this form and 12/15/2018
<input type="checkbox"/>	Six payments: Paid in full by December 2018 (equal payments preferred)	<input type="checkbox"/>	Five payments: Automatic monthly credit card payments from 08/15/2018 through 12/15/2018
<input type="checkbox"/>	Twelve payments: Paid in full by June 2019 (equal payments preferred)	<input type="checkbox"/>	Eleven payments: Automatic monthly credit card payments from 08/15/2018 through 06/15/2019

(SIGNATURE)

(PRINT NAME)

(FAMILY ID)

DATE

**Credit Card Authorization Form** – 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 15th of the month; and if authorization is received after August 15th (or subsequent date), the amount of the charge may be adjusted to cover any missing payment (s). I understand it is my responsibility to inform the Temple of any change or updates to my credit card. If payments are missed due to credit card expiration or similar reason, I understand the Temple may apply the missed payment to the next scheduled payment. PLEASE UPDATE THIS INFORMATION EACH YEAR.

\_\_\_\_ 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 my final payment or as a separate charge.

Card Number: \_\_\_\_\_ Credit card: \_\_\_\_ Visa \_\_\_\_ MasterCard

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TBD Office Use Only:**

Total Commitment		Approved Financial Secretary:
Total # Payments		
Amount per Payment		CC Entry Date:
CC Fee to be added to last payment		