

# AUTOMATIC BANK DRAFT/CREDIT CARD AUTHORIZATION FORM FOR PREARRANGED PAYMENTS (DEBITS)

FOR BETH EL DUES, TALMUD TORAH TUITION, ADDITIONAL FEES & CONTRIBUTIONS

Please submit this form to the Beth El office by July 31, 2018

This is my authorization for Beth El Synagogue to automatically debit my checking \_\_\_\_\_, savings \_\_\_\_\_ or credit/debit \_\_\_\_\_ account.

My/Our total dues pledge for 2018-2019 is	\$ _____
My/Our Kiddush & Oneg Fund contribution for 2018-2019 is	\$ _____
Total Talmud Torah Tuition for 2018-2019 is	\$ _____
Sisterhood dues (\$40) for 2018-2019 are	\$ _____
MoB dues (\$18) for 2018-2019 are	\$ _____
Memorial Book Donation	\$ _____
Extra Dues contribution for 2018-2019 are	\$ _____
Additional Contributions for 2018-2019 are	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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## Indicate Dues Payment Option Below.

**Semi-Annual:** 50% on July 31, 2018; balance will be charged to CC on file or debited from ACH on December 31, 2018.

**Quarterly:** 25% on July 31, 2018; balance will be charged to CC on file or debited in four equal payments on November 1, 2018, February 1, 2019 and May 1, 2019.

**Monthly:** total payment will be divided into **ten** equal payments and charged to CC on file or debited from ACH on file on the 1<sup>st</sup> of every month, starting on August 1, 2018. If this form is returned after July 31, we will still divide into ten equal payments, but we will catch up payments for each month missed (i.e. we will include any missed payments in your first monthly payment).

## OPTION 1: ACH/E-Check Option

Account number \_\_\_\_\_ Routing number \_\_\_\_\_

Bank name \_\_\_\_\_

## OPTION 2: Credit/Debit Card Option

Name on Credit/Debit Card \_\_\_\_\_

Credit/Debit Card number \_\_\_\_\_ Exp Date \_\_\_\_\_

***Please turn over to complete this form.***

I understand this authorization will be in effect until I notify Beth El Synagogue that I no longer desire this service, allowing reasonable time to act on my notification. I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying Beth El Synagogue before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount credited to my account within 15 calendar days or 45 days after posting, whichever occurs first, provided I have given Beth El Synagogue written notification of such an event.

Date \_\_\_\_\_

\_\_\_\_\_  
Name(s) (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Please return form either by e-mail ([alan@betheldurham.org](mailto:alan@betheldurham.org))**

**or by mail:**

**Beth El Synagogue  
1008 Watts Street  
Durham, NC 27701**

Attach Voided Check Here: