

Congregation Beth Israel
425 Summit Drive
Greenville, SC 29609
(864)-232-9031

Credit Card Authorization

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **E-mail** _____

Type: (Circle One): **Visa** **MasterCard** **EXP. Date:** _____
(Must cover the entire calendar year)

Account Number: _____
(\$50. Minimum Credit Card Transaction)

I, the undersigned, authorize Congregation Beth Israel to debit my credit card as directed. I realize there will be a minimal credit card processing convenience fee for payment by credit card.

(Please specify amount of transaction and where payment is to be credited) _____

Signed: _____ **Date:** _____