

Credit/Debit Card Authorization

Ohev Shalom Account # _____ as it appears on your bill. E-mail: _____

Name: _____ as it appears on your bill

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Credit/Debit Card Information: Visa MasterCard Discover

Name: _____ as it appears on your **credit/debit card**

Credit/Debit Card Billing Address: _____

(if corporate card or different from above)

AMOUNT TO BE CHARGED TO YOUR ACCOUNT \$ _____

Credit/Debit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ CVV2# _____ (3 or 4 digit # on back of card)

By signing this Authorization I/we agree to pay any donations or other fees billed to my account per my request. I/we authorize Ohev Shalom of Bucks County to automatically charge my/our credit/debit card the amount(s) for donations and other fees billed to my account. Revocation of this authorization must be submitted in writing to Ohev Shalom.

Signature: _____ Date: _____

Electronic Funds Transfer (EFT) Authorization

Account # _____ as it appears on your bill E-mail: _____

Name: _____ as it appears on your bill

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

AMOUNT TO BE TRANSFERRED: \$ _____

Bank Account Information: Checking _____ Savings _____

Name: _____ as it appears on your **bank account**

Please attach a voided check (no deposit slips): Check #: _____

Routing Number (first 9 digits): _____

Account Number: _____

By signing this Authorization I/we agree to pay any donations or other fees billed to my account per my request. I/we authorize Ohev Shalom of Bucks County to automatically deduct from my/our bank account the amount(s) for donations and other fees billed to my account. Revocation of this authorization must be submitted in writing to Ohev Shalom.

Signature: _____ Date: _____