

**CONGREGATION SHAAREY ZEDEK**  
**PAYMENT AUTHORIZATION FORM**

MEMBER NAME(S): \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Congregation Shaarey Zedek (CSZ) to initiate a one-time or recurring charges from my bank account or credit/debit card accounts (collectively referred to as "Accounts"), either at the time the service is incurred and/or one time each month for recurring charges, for the then current balance on my statement. **I hereby authorize and consent to all charges from the Accounts identified herein.** I further affirm that I have provided valid Accounts, I am an authorized user of the Accounts, and I will not dispute these scheduled transactions.

**OPTION # 1:** If you would like to have payments deducted from your bank account, please complete the section below.

Name of Bank: \_\_\_\_\_ Type of Account (circle one): CHECKING/SAVINGS  
Bank Account #: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

**OPTION # 2:** If you would like to have payments charged to your credit or debit card, please complete the section below.

**Card:** Type (circle one): VISA MASTERCARD Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name on the Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

**OPTIONAL:** CSZ pays tens of thousands of dollars each year in credit card processing fees. If you have selected Option #2, would you allow us to add 3% to your credit/debit card payments to cover your credit card processing fees? Thank you in advance for your kind consideration.

\_\_\_\_\_ YES, please add 3% to my credit/debit charges to cover the credit processing fees.

**OPTION # 3:** If you would like to provide us with post-dated checks, please mail or deliver checks to Congregation Shaarey Zedek, Attention: Kathy Vought.

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I understand that this authorization will remain in effect until it is cancelled in writing, and I agree to notify CSZ in writing of any changes in the Accounts information or termination of this authorization at least fifteen (15) days prior to the next billing date. I release CSZ from any liability associated with this Payment Authorization Form, including, but not limited to, any unauthorized charges not made by CSZ.

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**THANK YOU!**  
**IF YOU HAVE QUESTIONS, PLEASE CALL KATHY VOUGHT AT 248.357.5544.**

**Accounting Office: MEMBER ID:** \_\_\_\_\_