



## CREDIT CARD AUTHORIZATION ONE-TIME PAYMENTS

Your signature authorizes Congregation Shaarey Zedek to process your credit card **one time**, for the **full amount due** for Deposit plus Tuition for the 2020-2021 school year.

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

Card Type:  VISA  MASTERCARD

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Total Amount to Charge \$ \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

THANK YOU!

If you have questions, please contact Mark Persitz at [mpersitz@shaareyzedek.org](mailto:mpersitz@shaareyzedek.org) or 248.357.5544.

**Accounting Office Only** – Member ID: \_\_\_\_\_