



PAYMENT PLAN AUTHORIZATION FORM FOR DUES AND RELIGIOUS SCHOOL TUITION PAYMENTS ONLY

MEMBER NAME(S): _____

OPTION # 1: _____

If you would like to have your payments deducted from your bank account on a monthly basis, please complete the section below.

Name of Bank: _____

Type of Account: CHECKING SAVINGS

Bank Account #: _____ Bank Routing Number: _____

OPTION # 2: _____

If you would like your credit or debit card charged on a monthly basis, please complete the section below.

Card Type: VISA MASTERCARD

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on the Card: _____

Billing Address: _____



CONGREGATION
SHAAREYZEDEK
RELIGIOUS SCHOOL

OPTION # 3: _____

If you would like to provide us with post-dated checks, please send checks to
Congregation Shaarey Zedek, Attention: Mark Persitz
27375 Bell Road
Southfield, Michigan 48034

DUES:

Total Amount \$ _____

Starting Month: _____ Ending Month: _____

Monthly Amount \$ _____

RELIGIOUS SCHOOL TUITION:

Total Amount \$ _____

Starting Month: _____ Ending Month: _____

Monthly Amount \$ _____

MEMBER SIGNATURE: _____

DATE: _____

THANK YOU!

If you have questions, please contact Mark Persitz at mpersitz@shaareryzedek.org or 248.357.5544.

Accounting Office Only – Member ID: _____