

Please contact cembrey@shearith.org to obtain a scholarship application form.

Congregation Shearith Israel Payment Authorization Form

Name _____	<u>ACCOUNTS TO BE PAID</u>	<u>AMOUNT</u>
Address _____	_____	_____
City/State/Zip _____	_____	_____
Home phone _____	_____	_____
Work phone _____	TOTAL	_____

CSI Bank Debit Authorization

Member name(s) _____

Name on bank account _____

Address _____

City, ST and zip code _____

In order to process an ACH debit from your bank account, please provide the following:

Bank name _____

Bank account number _____

Bank routing number _____

Account type (checking or savings) _____

Amount to be withdrawn every month _____

Date to withdraw amount (choose any date of the month) _____

I hereby authorize Congregation Shearith Israel to debit from my bank account the amount that I have listed above.

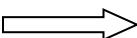
Signed _____ Date _____

CSI Credit Card Authorization

VISA **MASTERCARD**

Card # _____

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card

 **We will NOT process this form without the**
Exp. Date ____/____ V-code _____

ONE TIME PAYMENT

10 MONTHLY INSTALLMENTS

Signature _____

Date _____