

# Card authorization form

I, \_\_\_\_\_, give permission to TEMPLE BETH EL to charge  
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases. \*Payment by check or bank transfer is preferred. If paying by CC please consider adding 3.5% to cover fees.

\_\_\_\_\_  
Amount authorized Cardholder email **FINANCIAL COMMITMENT**  
Product/service

All fields required

## Card information

### Card type

- MasterCard  
 Discover  
 VISA  
 AMEX  
 Other

\_\_\_\_\_  
Cardholder (Name on card)

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Expiration date  
(MM/YYYY)

\_\_\_\_\_  
ZIP code  
(From credit card billing address)

## Recurring payments information

### Charge every:

Week Month Quarter Other \_\_\_\_\_

Charge on this date \_\_\_\_\_

(For example, the 1st of every month)

\_\_\_\_\_  
Payment amount

\_\_\_\_\_  
Product/service sold

Email receipts

Mail receipts to:

\_\_\_\_\_  
To cancel, contact: \_\_\_\_\_  
(Name and email)

\_\_\_\_\_  
Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date