

## Recurring Payment Authorization Form

Even if you have completed this form before, you need to do it again for the new dues year.

Date \_\_\_\_\_

Member ID# \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

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

Continue with current plan in place.

Start Date \_\_\_\_\_

Recurring Amount \$ \_\_\_\_\_  Monthly  Quarterly

Preferred date of withdrawal:  1<sup>st</sup> of Month  15<sup>th</sup> of Month

### Please complete EITHER the ACH or Credit/Debit Card Authorization

**ACH Authorization (please attach a voided check)** Note: Debit card can be used in lieu of check.

Bank Name (e.g., Chase, PNC, etc.) \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**Credit Card/Debit Card Authorization**

Name(s) as appears on credit card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

I authorize Congregation Tifereth Israel to process the payments as noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Posted (Office Use Only)

To fill this out and submit online go to: <https://www.tiferethisrael.org/join/recurring-payment-authorization-form/>