



CONGREGATION HAR SHALOM
11510 FALLS ROAD, POTOMAC, MD 20854
TELEPHONE: 301-299-7087 EXT. 232

AUTOMATIC CREDIT CARD AUTHORIZATION FORM
(INCLUDING DEBIT CARDS PROCESSED AS CREDIT CARDS)

Please complete (please print) the Credit Card Authorization Form and mail to the Accounting department at the above address.

Har Shalom Account #: _____ Telephone #: _____

Name: _____

Street: _____

City: _____, State: _____ Zip Code: _____

Please charge my: VISA MasterCard

Account # _____

Expiration Date: _____

Name on Card: _____

I authorize Congregation Har Shalom to charge my credit card the appropriate tuition and/or fees to: (Please indicate)

School Program: ECEC Religious School Bar/Bat Mitzvah

A one-time charge of \$ _____

Balance each month per payment schedule

or

If the full payment billed in a given month is not received by the end of the month, then that amount shall be billed to the credit card designated herein.

Authorized Signature

Date

NOTE: A 2.5% CONVENIENCE FEE WILL BE CHARGED FOR ALL CREDIT CARD TRANSACTIONS. MINIMUM FEE IS \$1.00 PER TRANSACTION.