



CONGREGATION HAR SHALOM

11510 Falls Road, Potomac, MD 20854

Telephone: 301-299-7087 ext. 232

AUTOMATIC CREDIT CARD AUTHORIZATION FORM

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

Congregation Har Shalom Account # _____ Telephone Number: _____

Name: _____

Street: _____

City: _____ 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)

Program: ECEC Religious School Bar/Bat Mitzvah

A ONE TIME CHARGE OF \$ _____

OR

BALANCE EACH MONTH PER PAYMENT SCHEDULE
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