



ACCOUNTING SHEET

Membership Dues, Capital Fund & Security Fee - Line 1 (from pg. 2)	\$ _____
Optional Donations - Line 2 (from pg. 2)	\$ _____
Extra High Holiday Seats - Line 3 (from pg. 3)	\$ _____
Kol Nidre - Line 4 (from pg. 3)	\$ _____
Bond of Life - Line 5 (form required, pg. 4)	\$ _____
If applicable:	
Mirochnick Religious School, including Youth Group (form required)	\$ _____
B'nai Mitzvah Program (Annual Fees)	\$ _____
OTHER _____	\$ _____
*\$72 annual credit card one-time processing fee if paying by credit card	\$ _____

PAGE TOTAL \$ _____

REQUEST for payment plan of 2016-17 Synagogue Financial Obligations (Optional)

NOTE: July, August & September MUST be paid in full in order to receive HHD tickets

Please read carefully! This request for payment plan 2016-17 must include your authorization to charge your credit card according to the schedule you have chosen with payments starting July 10, 2016.

- Monthly (Ten equal payments on the 10th of the month, July through April) \$ _____
- Quarterly (Four equal payments on the 10th of July, October, January and April) \$ _____
- Semi-Annually (Two equal payments on the 10th of July and January) \$ _____

I acknowledge that this payment plan is offered as a convenience to me, and that my payments will be credited to my financial obligations at the discretion of B'nai Torah Congregation. I hereby authorize B'nai Torah Congregation to charge my credit card in order to pay my financial obligations to the Congregation for the 2016-2017 fiscal year according to the schedule I have specified as follows: Dues, Capital Fund, Security, Mirochnick Religious School tuition and Bar/Bat Mitzvah fees, Kol Nidre as applicable.

If my request for the payment plan is received after July 1st, I authorize my first payment in the amount that will satisfy all payments due at that time according to the schedule I have chosen. This authorization to charge my credit card will remain enforced until all the aforementioned obligations have been paid in full. Should I resign my membership after submitting this form, or registering my child(ren) in Mirochnick Religious School, I understand that I am not entitled to any refund, rebate or discount.

I agree that in the event that my credit card carrier or bank will not process the charges authorized above according to the schedule indicated, B'nai Torah Congregation may take the following actions: 1. Require me to submit my payment by personal or cashier's check within five (5) business days or 2. Charge my credit card for the full payment due on my account, including arrears caused by missed payments, as soon as the charge can be processed. I further agree that if my credit card cannot be charged for three (3) successive billing periods, B'nai Torah Congregation may require me to pay my account in full immediately by bank check or money order. A returned check penalty fee of \$25 will be charged to your account for any check(s) returned by your bank.

Signature _____ Printed Name _____

CC# _____ Exp. Date _____ CVV _____

Name on Credit Card _____