

**Temple Beth Abraham**  
**Automatic Payment Election Form**

This form allows TBA to charge your Credit Card or ACH account as you have indicated.  
*There is no need to fill this out if we already have an Automatic Payment Form on file.*

- I understand that the congregation bears a cost of approximately 3% with either of the automatic forms of payment. I wish to make a donation to cover this expense. Example: full dues would be \$80.***

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Please indicate which type(s) of charges you would like to have paid for with your automatic payments.

- Dues (frequency as elected on Membership Dues Pledge Form)  
 Gan Avraham (monthly)  
 Bet Sefer (charged as indicated on Bet Sefer Registration Form)  
 All other charges (monthly)

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**Credit Card Payment Option (Visa and MasterCard only)**

Name as it appears on credit card \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing zip code \_\_\_\_\_ CCV (last 3 digits of number on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

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**ACH Payment Option (YOU MUST ATTACH A VOIDED CHECK TO THIS FORM)**

I (we) hereby authorize Temple Beth Abraham to debit entries to my (our) account indicated below and the Financial Institution named below to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution Name \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Temple Beth Abraham has received written notification from me (us) of its termination in such time and manner as to afford Temple Beth Abraham and my Financial Institution a reasonable opportunity to act on it.

Print name(s) of account holder(s) \_\_\_\_\_

Signature(s) of account holder(s) \_\_\_\_\_