



**The Emanuel Synagogue
Payment Arrangement Agreement**

All information contained herein is held in complete confidence.

Name(s): _____

Address: _____

Telephone:(h) _____ (w) _____ (c) _____

Email: _____

Number of children (____): No. of Children attending religious school, and grade: _____

I/we agree to pay the Synagogue the 2019-20 membership fees as follows:

	<u>Amount</u>	<u>Specify payment interval</u>
1. Membership Dues	\$ _____	_____
2. Capital Improvement Reserve	\$ _____	_____
3. Building Fund	\$ _____	_____
4. Security Fee	\$ _____	_____
5. School Fees	\$ _____	_____
6. Other	\$ _____	_____

Total Annual Amount: \$ _____

Initial payment amount: \$ _____ Date: _____

Remaining Amount: \$ _____ To be split into # _____ payments of \$ _____ each

Date of first payment* _____

**Payments will be deducted between the 15-20 day of each month*

CreCard information (please select):

- Visa
- MasterCard

Card Number: _____

Name as it appears on card: _____ Zip Code: _____

Expiration Date: _____ 3 digit code: _____

I hereby authorize The Emanuel Synagogue to charge my credit card in order to pay my membership fees as outlined above until all aforementioned fees have been paid in full. I acknowledge that my credit card information may be encrypted and retained for this purpose and stored securely in the database of the credit card servicer.

I understand that by accepting High Holiday Tickets and/or registering my child (ren) in the religious school for 2019-2020, I am obligated to continue my payments for the term of this agreement. To the best of my knowledge, the above summary is true, accurate and complete.

Signature

Date

Staff initials

Date

Please return to The Emanuel Synagogue, 160 Mohegan Drive, West Hartford, CT 06117 – Attn: Bookkeeper