

Dave and Mary Alper Jewish Community Center
on The Jay Morton-Levinthal Campus
11155 SW 112th Avenue
Miami, Florida 33176
Tel. 305.271.9000 Fax 305.595.1902
www.alperjcc.org

Monthly Membership Payment Authorization Form

Please select a membership payment plan from the options below and return this form promptly.

Questions? Please call 305.271.9000 x235 or x227

Please call the accounting office if there is a change with your credit card or checking account x228

By Signing below, I hereby authorize the Alper JCC to commence electronic funds transfer debits or credits from my checking account or charges and credits from my valid credit card for my membership fee against the account indicated below, and authorize the below institutions to debit or credit such entries directly to my account. I understand that Membership is continuous and will remain in effect as long as the terms of this agreement are met. I understand that I can not terminate membership for the first 12 months. I understand that after the completion of the first 12 months, if I wish to terminate my membership, I must give the Alper JCC 30 days written notice prior to the first day of the last month I will remain a member. I understand that the monthly payment option includes a \$3.00 monthly processing fee and that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation. I understand that insufficient funds and/or denial of payment to the Alper JCC will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to the Alper JCC, which will be deducted from my credit card or checking account.

I have read and agreed to the above information: Signature (Required): _____ Date: _____

Name: _____ Membership #: _____

Billing Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

OPTION ONE: MONTHLY CHARGE VIA CREDIT CARD

Monthly Payment Amount \$ _____

- Please charge my credit card on the 5th of every month
- Please charge my credit card on the 20th of every month

Charge my: VISA MASTERCARD AMEX

Account #: _____ Exp. Date: ____ / ____ CVV: _____

Cardholder's Name (as it appears on card): _____

Signature: _____ Date: _____

**OPTION TWO: MONTHLY ELECTRONIC FUND TRANSFER (EFT)
FROM CHECKING ACCOUNT**

Monthly Payment Amount \$ _____ Please attach a VOIDED check from your account

- Please debit my checking account on the 3rd of every month
- Please debit my checking account on the 18th of every month

ABA/Routing #: _____ Bank Account #: _____

Name on account: _____

Signature: _____ Date: _____