



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 Glen Greenstein ECD Payment Authorization Form 2018-2019

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

Questions? Please call 305.271.9000 x301

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 ECD fees against the account indicated below, and authorize the below institutions to debit or credit such entries directly to my account. I understand 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 : _____ Name of Child(ren): _____ Membership #: _____

Name of Program: _____ Billing Address: _____

City, State, Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OPTION ONE: MONTHLY CHARGE VIA CREDIT CARD (10 months 8/2018-5/2019)

Monthly Payment Amount (see below) \$ _____ (monthly charge is on the 5th of every month)

OPTION TWO: PAY IN FULL (Full year ECD Tuition) 5% discount if paid in full: Amount \$ _____

Please charge my credit card for the Registration Fee: Amount \$ _____

Charge my: VISA MASTERCARD AMEX

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

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

Signature: _____ Date: _____

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

(10 months 8/2018-5/2019, monthly debit is on the 3rd of every month)

I authorize the Dave and Mary Alper Jewish Community Center, Inc. hereinafter named ("Alper JCC") to ACH/electronically debit my account (and if necessary, electronically credit my account to correct erroneous debits) as follows:

Checking Account / Savings Account (*select one*) at the depository financial institution named below ("DEPOSITORY")

I agree that ACH transactions I authorize comply with all law.

Depository Name: _____

ABA/Routing #: _____ Bank Account #: _____

Please choose 1 option below:

I wish to arrange for the Alper JCC to debit my checking account 10 (# of payments) pre-authorized monthly debit(s) of \$ _____ per month. Starting Date: 8/2018 Ending Date: 5/2019

I understand that this authorization will remain in full force and effect until I notify the Alper JCC in writing that I wish to revoke this authorization. I understand that the Alper JCC requires 30 days prior notice in order to cancel this authorization. I understand 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 the Alper JCC will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to the the Alper JCC, which will be deducted from my credit card or checking account.

Name(s)/Title(s): _____ (please print)

Signature: _____ Date: _____