



# WILSHIRE BOULEVARD TEMPLE

## Brawerman Elementary School Annual Giving Campaign Pledge

### Credit Card Payment Plan Authorization Form

You can now contribute to our Annual Giving Campaign through automatic, monthly credit-card payments. It is easy to set up, and your payments will take care of themselves. Just complete and sign the form below to get started!

#### Here's How the Payment Plan Works:

Enter your information below, and the WBT accounting department will follow the schedule designated. All payments will be charged on the 15<sup>th</sup> of the month. **Important Note: Your last payment must be made by June 15, 2024.** When the total amount you pledged has been completely collected, the schedule ends and the authorization is terminated.

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#### Please complete the information below:

**TOTAL Pledged Amount:** \_\_\_\_\_

**Number of Payments:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Installment Amount:** \_\_\_\_\_

I \_\_\_\_\_ (full name) authorize Wilshire Boulevard Temple to charge my account indicated below to discharge the above pledge for the Brawerman Elementary School Annual Giving Campaign, using installment payments in the amount and schedule indicated.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa       MasterCard       AMEX       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment date(s) fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form.