



TEMPLE BETH ISRAEL

GIANT/WEIS GIFT CARD - Credit Card Authorization Form



MEMBER INFORMATION

This agreement is made between _____ and Temple Beth Israel (hereinafter, "TBI")

Member's Name

TERMS AND CONDITIONS

- By signing this agreement, you authorize your credit card company to pay your financial obligations to "TBI" from your account to "TBI" so long as this agreement is in effect.
- Please contact "TBI" Office – (717) 843-2676 if your credit card information has changed.
- Payments will automatically be deducted from your account on the 15th of every month or the next business day.
- Gift Cards are available in *\$50 increments i.e. \$500 of Gift Cards equals 10 total Gift Cards(\$50ea)*
- Gift Cards can be mailed to the mailing address provided or picked up in the Temple office M-F between 9am and 3pm on the next business day after the payment is posted (15th).

Please fill out all highlighted areas on this form.

Member's Name: _____

Phone Number: _____

Email Address: _____

Mailing Address _____

I authorize "TBI" to utilize this agreement for \$ _____ in Giant Gift Cards \$ _____ in Weis Gift Card
\$50 INCREMENTS ONLY

I hereby authorize "TBI" to debit my account \$ _____ on the 15th of each Month

Billing Address _____

Please Select ONE Option: _____ Visa _____ Mastercard _____ Discover _____

Card Number _____ **CID:** _____ **Exp:** _____

☐ I would like to pick up my gift cards in the Temple office

☐ Please mail my gift cards to the mailing address I provided.

☐ This agreement is to remain in full force and effective until "TBI" has received written notification from me of its termination.

By signing this agreement, I indicate my approval and acceptance of all the above terms and my willingness to be legally bound thereby. In the event payment is denied due to closed account or insufficient funds, I understand that all fees charged to "TBI" for the denied payment will be my responsibility.

Signature _____ **Date** _____