

YESHIVA GEDOLAH OF GREATER MIAMI RABBINICAL COLLEGE AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

If you would like the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required in order to process your application. Upon credit approval, we will automatically bill your credit card for the amount indicated, and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information

Customer Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Payment Information

I authorize Lubavitch Educational Center to automatically bill the card listed below as specified:

Amount: \$ _____

Frequency (check only one option): Monthly Quarterly Annually

Begin billing on (first payment): **08/15/2019** End billing on (final payment): **03/15/2020**

Credit Card Information (to be completed by customer):

Credit card type:    

Credit card number: _____ Expiration: ____/____ Security Code: _____

Cardholder's name: _____ Cardholder's Zip Code (required): _____
(as it appears on credit card)

Cardholder's Street Address: _____

Customer's signature: _____ Date: _____

Completed form may be emailed to: abortunk@lecfl.com