

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

All requested information is required in order to process your application.

Customer Information

Family Name: _____ Address: _____

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

Payment Information

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

Amount: \$ _____

Credit Card Information (to be completed by cardholder):

Credit card type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

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