



The Jerry Shaw Jewish Community Center of Akron

MEMBERSHIP PAYMENT OPTIONS

For _____ Member Number _____
(Member Name)

\$175.00/\$100.00 registration fee due upon joining _____ **Check attached**
(Please circle one) _____ **Credit Card Payment (charge card listed below)**
_____ **Cash**

CASH MEMBERSHIP PAYMENT IN FULL \$ _____

CREDIT CARD AUTHORIZATION AGREEMENT

_____ Payment in full _____ 12 Month Payment Plan *(including surcharge)*

The deduction will be made automatically on the 20th of each month. **An annual surcharge will apply.**

I (we) hereby authorize the Shaw JCC of Akron to initiate debit entries into my (our) credit card account as named below, and (we) authorize the credit card institution to accept and debit in the amount of \$ _____ to my (our) account on or after the 20th of each month until dues are paid in full. I (we) understand that the JCC of Akron notify me of any change in the monthly charge.

_____ VISA _____ MASTERCARD _____ DISCOVER

Name _____ Signature _____
(As it appears on Credit Card)

Card Number _____ CID# _____ Expiration Date _____

(The three digit CID# is located on the back of the credit card)

CHECKING ACCOUNT AUTOMATIC WITHDRAWAL

_____ Payment in full _____ 12 Month Payment Plan *(including surcharge)*

The deduction will be made automatically on the 20th of each month. **An annual surcharge will apply.**

Name(s) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Bank _____

Checking Account Number _____ Routing Number _____

I authorized the Shaw JCC of Akron to receive monthly payments for my membership dues until paid in full. I authorize _____ Bank to automatically deduct from my account 12 consecutive equal installments beginning _____ (date) in the amount of \$ _____. This authority will remain in effect until the Shaw JCC of Akron received my written cancellation dated 10 days before it takes effect and has reasonable opportunity to act on it, or until the Shaw JCC of Akron has sent my 10-day written notice of cancellation. The balance of dues must then be paid in full. **If joint account, both account owners must sign this authorization.**

Signature _____ Date _____
Signature _____ Date _____