



אור עמי
Congregation
Or Ami
LIGHT OF MY PEOPLE

CONGREGATION OR AMI RECURRING BILLING AUTHORIZATION

Use this form to authorize Congregation Or Ami to set up recurring billing for the services selected.

FAMILY INFORMATION

Family Name			Name of Primary Billing Contact		
Address Line 1 (Checking or CC billing address)			Address Line 2		
City	State	Zip Code	Phone Number	E-Mail Address	

PAYMENT SCHEDULE DETAILS

Payment Terms Pay in Full
 Pay over 6 months
 Call Office

Payment #	Date to charge	Amount

CHECKING ACCOUNT DETAILS

Please consider paying directly from your checking account. It saves our congregation money each month, which we use to fund exciting programs.

Bank Name	Routing Number	Account Number	Check Number
City	State		
		Routing Number	Account Number

CREDIT CARD INFORMATION

Card Number	Expiration Date (MM-YY)	Security Code (Visa / MC)	Security Code (DISC)
Name on Credit Card			
Card Type <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> AMEX			

AUTHORIZATION AGREEMENT

I hereby authorize Congregation Or Ami to charge the indicated checking account or credit card for all amounts due as indicated above. I agree that if I have any problems or questions regarding any charges from Congregation Or Ami, I will contact Congregation Or Ami for assistance, using the contact information located on the web site www.OrAmi.org.

I agree that I will not dispute any charges from Congregation Or Ami unless I have already attempted to rectify the situation directly with Congregation Or Ami and those attempts have failed.

I guarantee and warrant that I am the legal cardholder for this checking account or credit card, and that I am legally authorized to enter into this recurring billing agreement with Congregation Or Ami. I agree to indemnify, defend and hold Congregation Or Ami harmless, against any liability pursuant to this authorization.

I agree to the following additional terms and conditions: (i) This is a periodic charge that will be made each monthly billing cycle as my service fees become due under my Congregation Or Ami Agreement; the billing date is the 1st of each month; (ii) All payments are non-refundable and charges made to the credit card above under this agreement will constitute in effect a "sales receipt" and that services were rendered and received; (iii) To terminate the recurring billing process I must terminate my service agreement in writing or arrange for an alternative method of payment with at least 30 days notice to Congregation Or Ami; (iv) I will not dispute Congregation Or Ami's recurring billing charges with my bank or credit card issuer so long as the amount in question was for periods prior to the receipt of my written request to terminate my Congregation Or Ami services (at least 30 days prior to an upcoming billing date).

SIGNATURE _____ DATE _____