

# Temple Tots Automatic Payment Plan 2010-2011

Name of child(ren) \_\_\_\_\_

Parent Name \_\_\_\_\_

**\*\*Please check a box to select one of the following four options:**

Pay for the year or by the semester \_\_\_\_\_  
*1<sup>st</sup> semester* *2<sup>nd</sup> semester or yearly*

Pay Monthly by Check in the amount of \$ \_\_\_\_\_

## Automatic Funds Transfer Payments

I authorize Temple Emanu-El to perform 9 equal, monthly automatic funds transfer payments (Sept 2009 to May 2010) in the amount of \$ \_\_\_\_\_ on the 1<sup>st</sup> of each month from my checking account to fulfill my child's Temple Tots 2009-2010 preschool tuition. If my automatic funds transfer payment fails to process due to insufficient funds or for any other reason, I authorize Temple Emanu-El to collect a \$25 fee by electronic charge to my checking account identified below. **PLEASE ATTACH A BLANK, VOID CHECK TO THIS FORM.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## Credit Card Payments

I authorize Temple Emanu-El to charge my credit card:  MasterCard  Visa  
 American Express  Discover Card

9 equal payments (September 2010 to May 2011) in the amount of \$ \_\_\_\_\_ on the 1<sup>st</sup> of each month to fulfill my child's Temple Tots 2010-2011 tuition. If my credit card payment fails to process due to credit limit issues or for any other reason, I authorize Temple Emanu-El to collect a \$25 fee by electronic charge to my credit card account identified below.

Name (exactly as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Responsible party for payment: \_\_\_\_\_

Change Date As Of: \_\_\_\_\_