NSJCC
North Suburban Jewish Community Center
and Early Childhood Program

NSJCC CREDIT CARD/EFT AUTHORIZATION FORM

Name:_____

Please indicate payment method:

[ ] I will pay the tuition in full by August 1, _____ and receive a 3% discount.

[ ] I will make monthly payments, due on the 1st day of each month, paid one month in advance.

[ ] I would like my monthly payments automatically deducted from my checking account (EFT).

[ ] I would like my monthly payments automatically charged to my credit card on file.

Please choose:

[ ] Please deduct Monthly Tuition only.

[ ] Please deduct Monthly Tuition plus any additional charges.

If paying by Credit Card: [ ] MCARD [ ] VISA [ ] DISCOVER

Name on card: _____

Credit Card #: _____ EXP#: _____ CVV#: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

If paying by EFT:

Please attach a voided check from the account you wish us to use.

Name on account: _____

Phone: _____

_____

Signature *Date*

For Office Use Only:

Date Rec'd_____ Deposit Date_____ Amount $_____ Entered By: _____