

**MASTERCARD, VISA, &
AMERICAN EXPRESS
AUTHORIZATION**

Pine Brook Jewish Center
174 Changebridge Road
Montville, NJ 07045
973-244-9800 FAX 973-244-1749



2010-2011 RELIGIOUS SCHOOL REGISTRATION

Please Print All the Information

Member Name: _____
(as it appears on the card)

Billing Address: _____

Phone Number: _____

Email Address: _____

Card Type: MasterCard Visa American Express Discover [Please circle one]

Card Number: _____

Card Expiration Date: ____/____ [mm/yy] **Security code:** ____

You may charge Religious School Registration, Tuition, Membership Dues, Building Fund and Pledges.

AMOUNT: \$ _____
(Minimum Credit Card Payment is \$50.00)

Signature: _____

Date: _____

*This charge authorization form can be used for MasterCard, Visa, American Express or Discover charges. **THIS INFORMATION WILL BE KEPT IN THE STRICTEST OF CONFIDENCE AND FILED UNDER TIGHT SECURITY GUIDELINES.** Please print all the information including in your name (as it appears on the card), address, email address, card type and requested card information. The completed form may be mailed, faxed or dropped off at the Temple office.*

If you have any questions about this charge authorization form or charge cards in general, please call the Synagogue at 973-244-9800 and ask for Bookkeeper, Sandi Mayer or Executive Director, Bob Kanarick.

RSR10-11

Revised 10/09