

RS TUITION PAYMENT PLAN OPTIONS 2023

We thank you in advance for returning this completed form to GJC by September 1, 2023.

Parent(s) Name(s) _____

Billing Address _____

Phone(s) _____

Billing Email _____

I/We request a Payment Plan for Religious School tuition as indicated below (choose one):

- ☐ Paid in **1 payment** by **September 1, 2023** with 2% discount (Check/ACH Only)
- ☐ Paid in **1 payment** by **September 1, 2023** via Credit Card (Credit Card fee Waived)
- ☐ Paid in **6 monthly installments** on the **15th of the month** from **September 15, 2023 through February 15, 2024** (Check, ACH or Credit Card)

Payments may be made by check, direct payment via ACH or credit card**.

- **To pay via ACH (bank transfer), complete the attached ACH authorization form.** There is no service fee for this payment method.
- **To pay via credit card**, (Visa and Mastercard Only)** complete the following:

***Please note a 4% service fee will be added to all credit card transactions.*

Visa/MC# _____ CCV # _____ Exp. Date _____

Member's Signature _____

PLEASE RETURN THIS FORM BY SEPTEMBER 1ST TO:

Finance Director
Germantown Jewish Centre
400 W. Ellet Street
Philadelphia, PA 19119

GERMANTOWN JEWISH CENTRE
400 WEST ELLET STREET PHILADELPHIA PA 19119

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. I (we) authorize Germantown Jewish Centre to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One: ☐ **Checking Account** ☐ **Savings Account**

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____

Routing Number _____

Account Number _____

For payment of my **Religious School Tuition**

Amount of debit(s) _____.

Date(s) and/or frequency of debit(s): _____ (one time or monthly)

I (we) understand that this authorization will remain in full force and effect until I (we) notify Germantown Jewish Centre in writing at the above address, by phone at 215-844-1507 X15 or by email to finance@germantownjewishcentre.org that I (we) wish to revoke this authorization. I (we) understand that Germantown Jewish Centre requires at least two weeks prior notice to cancel this authorization.

Name(s) (Please Print) _____

Date _____ **Signature(s)** _____