

# Authorization for Credit Card Debit

I \_\_\_\_\_ authorize Bais Ahavas  
Yisroel, The BAY Shul to debit my

Visa    MasterCard

account # \_\_\_\_\_

which has an expiration date of \_\_\_\_\_

one time every month in the amount of \$ \_\_\_\_\_

beginning with the month of \_\_\_\_\_.

I understand that I can cancel this authorization at  
any time for any reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Please mail to:

BAY Shul

314 McHenry Road

Buffalo Grove, IL 60089