



KANE STREET SYNAGOGUE

CONGREGATION BAITH ISRAEL ANSHEI EMES

236 Kane Street, Brooklyn, NY 11231

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www.kanestreet.org

ACH Authorization Form for Hebrew School Tuition

Processed by *Kesef Accounting* on behalf of Kane Street Synagogue

Date: _____

Payee's Name & Address: _____

Tuition Details (please refer to the tuition schedule at kanestreet.org/hebrew-school-registration)

<i>Student Name</i>	<i>Hebrew School Class</i>	<i>Cost</i>

Multi-child Discount: \$ _____

Total Tuition Amount: \$ _____

Payment Plan

(Please refer to your registration, and write in the amount for *only* your preferred plan):

Full Payment: \$ _____

OR

Monthly Payments: \$ _____

Enter your Total Tuition Amount divided by the number of months remaining until (and including) December 1, 2018. e.g., initiating by June 1 would result in seven (7) equal payments automatically processed on the first business day of each month.

Payment by Bank Account

Account #: _____

Routing/ABA # (9 Digits): _____

OR

Payment by Credit or Debit Card

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

(if different from above)

Kane Street Synagogue does not retain any of the details above on its premises.

***I authorize Kesef Accounting, on behalf of Kane Street Synagogue,
to charge my banking account or credit card in the amounts and on the date/s provided above.***

Payee's Authorized Signature: _____

For Administrative Use Only:

Date received by KSS: _____ By: _____

Date sent to/received by Kesef: _____ Transaction # (Kesef assigned): _____