



Tampa

JEWISH COMMUNITY CENTER & FEDERATION

TUITION & MEMBERSHIP DUES PAYMENTS REPETITIVE PAYMENT AUTHORIZATION FORM

We authorize Tampa Jewish Community Center & Federation (hereinafter called TJCCF) to initiate debit entries and, if necessary, credit entries for adjustments to any debit entries made in error to the account at the financial institution listed below.

Please circle your first choice of payment:

1. Automatic Monthly ACH Bank Draft
2. Automatic Monthly Debit or Credit Card Charge

This authority is to **remain** in full force and effect until TJCCF has received written notification of its termination in such time and in such manner as to afford TJCCF and Depository Institution a reasonable opportunity to act on it.

I understand that an amount equal to the statement balance will be automatically withdrawn from my bank account or charged to the debit/credit card account provided on or around the 25th of the prior month the payment is due.

	TJCCF Account # _____	Program
Print Name	Student (if applicable) _____	<input type="checkbox"/> Preschool North <input type="checkbox"/> Club J North <input type="checkbox"/> Preschool South <input type="checkbox"/> Membership
	Date ____/____/____	
Authorized Signature		

➔ If selecting ACH, please attach a voided check and verify the correct Bank Routing and account number(s) with your Financial Institution.

➔ If selecting Debit or Credit Card, please fill in the information below:

Name as it appears on credit card _____

Card # _____ Expiration Date _____ Security Code _____

Credit Card Billing Address _____

State _____ Zip Code _____ Phone # _____ - _____ - _____

Please contact the JCC Business Office at 813-264-9000 if you have any questions.