



Electronic Funds Transfer Form 2010-2011

Contact Information

Name _____ Membership # _____

Address _____

City _____ State _____ Zip Code _____

Phone (H) _____ (C) _____ Email _____

Payment Options

Electronic Funds Transfer (EFT)

Credit Card

Pre-authorized debit on the 14th of each month from your checking or savings account. Your first monthly payment and a voided check will be required to set up this option (See back of this form for more details).

Pre-authorized charge on the 14th of each month to your Visa, MasterCard, or Amex. Please complete the back of this form with credit card number, expiration date, billing address and signature (See back of this form for more details).

For office use only	Program	Code	Annual Charge	# of Months Remaining	Monthly Payment	Starting Date
	Membership					

• Please check the appropriate category and payment option.

All membership rates are valid June 1st, 2010 - May 31st, 2011.

Category	Code	12 Monthly Payments	3 Consecutive Monthly Payments	Discounted Annual Payment
<input type="checkbox"/> Family	A	<input type="checkbox"/> \$900 yr. = \$75/month	<input type="checkbox"/> \$291	<input type="checkbox"/> \$864
<input type="checkbox"/> Couple	C	<input type="checkbox"/> \$780 yr. = \$65/month	<input type="checkbox"/> \$251	<input type="checkbox"/> \$744
<input type="checkbox"/> Individual Adult	D	<input type="checkbox"/> \$624 yr. = \$52/month	<input type="checkbox"/> \$199	<input type="checkbox"/> \$588
<input type="checkbox"/> Senior Individual	E	<input type="checkbox"/> \$480 yr. = \$40/month	<input type="checkbox"/> \$151	<input type="checkbox"/> \$444
<input type="checkbox"/> Senior Couple	F	<input type="checkbox"/> \$624 yr. = \$52/month	<input type="checkbox"/> \$199	<input type="checkbox"/> \$588
<input type="checkbox"/> Gold Donor	G	<input type="checkbox"/> \$1,586 yr. = \$132/month	<input type="checkbox"/> \$520	<input type="checkbox"/> \$1,550
<input type="checkbox"/> Silver Donor	H	<input type="checkbox"/> \$1,336 yr. = \$111/month	<input type="checkbox"/> \$436	<input type="checkbox"/> \$1,300
<input type="checkbox"/> Bronze Donor	I	<input type="checkbox"/> \$1,086 yr. = \$91/month	<input type="checkbox"/> \$353	<input type="checkbox"/> \$1,050
<input type="checkbox"/> College	K			<input type="checkbox"/> \$26/month
<input type="checkbox"/> Teen	T			<input type="checkbox"/> \$103
<input type="checkbox"/> Au-Pair	P			<input type="checkbox"/> \$103





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Payment Method

EFT / Credit Card Information:

Type of Bank Account: Checking Savings

Type of Credit Card: MasterCard Visa Amex

Credit Card # _____ Exp. Date _____ Security Code _____

Name as it appears on card _____

Process Date: _____ 14th of the month (Membership)

Signature _____ Date _____

Billing Address (if different from mailing address) _____

City _____ State _____ Zip Code _____

Authorization Agreement (Please read before signing)

I/We authorize the Jewish Community Center of Northern Virginia to initiate debit entries to my/our credit card/checking account maintained at the bank named below, herein after called Bank.

This authority is to remain in full force and effect until Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable time to act on it. A customer also has the right to question Bank about any debit entry by notifying Bank no later than 30 days after Bank sends a statement to customer containing the entry. Bank will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

My/Our JCCNV membership will be automatically rolled over for the next year. I/We understand that members enrolled in Early Childhood, BASE, or summer camp must be committed members of the JCCNV for one full year from date of contract. Should I/we wish to cancel, I/we need to submit written notice via mail, or e-mail, one calendar month before I/ we would like to cancel. I/We understand that a sufficient balance and/or credit line must be maintained in my/our account to fulfill my/our monthly obligation. I/We understand that insufficient funds and/or denial of payment to the JCCNV will result in a \$25 service charge that will be debited from my/our checking account or charged to my/our Visa, MasterCard, or Amex.

Please contact the JCCNV should your method of payment need to be updated (new card, expiration date, etc.). There will also be a \$20 charge for replacing lost or damaged membership cards. Two or more unsuccessful debits will result in cancellation of JCCNV membership. Dues are subject to change at any time. JCCNV membership fees cannot be refunded, transferred, or cancelled.

Name(s) (Please Print)

Social Security # (if enrolling in Bank EFT)

Signed

Signed

Date

Please Staple One Voided Check and First Month Payment Here (2 Checks).

This is your chance to help someone else!

I realize that scholarship dollars are scarce and I would like to help provide an exciting experience for a child in our Preschool or camp program. Enclosed please find my contribution of \$_____.