



KANE STREET SYNAGOGUE

CONGREGATION BAITH ISRAEL ANSHEI EMES

236 Kane Street, Brooklyn, NY 11231

Tel: (718) 875-1550

Fax: (718) 875-1757

www.kanestreet.org

ACH Authorization Form for Synagogue Membership Dues Payment

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

Date: _____ KSS Family Name: _____

Payee's Name & Address: _____

Total Dues Amount: \$ _____

Payment Plan

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

Full Payment: _____ \$ _____

Two (2) Payments: _____
August 1 (or on receipt of this form)
& December 1 _____

Ten (10) Payments: _____
September 1 (or on receipt of this form)
& on the first business day
of each of the following 10 months \$ _____

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): _____