



**2019 – 2020 PAYMENT REMITTANCE FORM**

**ALL OF THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY**

**Family (Last) Name** (Please Print): \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Street Address** (Please Print): \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**City & Zip Code** (Please Print): \_\_\_\_\_

Student's Name (Please Print)	Grade 2019/2020	Amount Due (\$) (Please Fill In)
<b>Total (\$):</b>		
<b>PAYMENT OPTIONS</b>		

**Please place the MRS tuition with our Membership Renewal Payment Plan form.**

If not please fill in below.

I have enclosed my check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

I authorize B'nai Torah Congregation to charge \$ \_\_\_\_\_ to my credit card.

Card #: \_\_\_\_\_ Expiration Date (MM/YYYY): \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the card (Please Print): \_\_\_\_\_

Billing Address (Please Print): \_\_\_\_\_

City / State / Zip (Please Print): \_\_\_\_\_

**I / WE UNDERSTAND THAT BY SIGNING THIS REGISTRATION FORM, I/WE AGREE TO PAY ALL RELIGIOUS SCHOOL TUITION AND FEES AS SET FORTH BY B'NAI TORAH CONGREGATION IN THIS CONTRACT, AS WELL AS ANY APPLICABLE SYNAGOGUE DUES AND FEES.**

**THERE WILL BE NO TUITION REFUNDS ISSUED AFTER THE START OF THE SCHOOL YEAR**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date