

# Installment Payment Plan Request

**Only complete this form to request an installment plan. Do not use if you are paying in full.**

For payment in full, simply complete the bottom of the enclosed billing statement or pay online at [sholomchicago.org/payment](http://sholomchicago.org/payment).



Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

### ANNUAL MEMBERSHIP COMMITMENT

\$ ENTER MEMBERSHIP COMMITMENT

#### SELECT A PAYMENT PLAN OPTION

**Semi-Annual\*** | Payment schedule: 7/15/18 and 1/15/19  
*Charge my credit card/ACH in 2 payments or I have enclosed 2 postdated checks*

\$ ENTER 1/2 OF MEMBERSHIP COMMITMENT

**Quarterly\*** | Payment schedule: 7/15/18, 10/15/18, 1/15/19 and 4/15/19  
*Charge my credit card/ACH in 4 payments or I have enclosed 4 postdated checks*

\$ ENTER 1/4 OF MEMBERSHIP COMMITMENT

**10 Monthly Installments\*** | Payments made on the 15<sup>th</sup> of each month  
*Charge my credit card/ACH in 10 payments or I have enclosed 10 postdated checks*

\$ ENTER 1/10 OF MEMBERSHIP COMMITMENT

\*A one-time fee of \$36 will be applied with the first transaction to installment payment plans paid by credit card

\$ ENTER \$36 IF PAYING BY CREDIT CARD

#### OTHER PAYMENTS

**Annual Fund Contribution** | Contributions are tax deductible  
*Please include the following community group payments:*

\$ ENTER CONTRIBUTION AMOUNT

**PAY IN FULL**  
INCLUDE IN  
1ST INSTALLMENT

**PAY OVER TIME**  
SAME SCHEDULE AS  
MEMBERSHIP PAYMENTS

**ARZA** | \$50    **Brotherhood** | \$36    **Women of TS** | \$36

\$ ENTER TOTAL FOR GROUPS

**Other** \_\_\_\_\_

\$ ENTER OTHER AMOUNT

**Credit Card**    VISA    MasterCard    AMEX

Credit Card # \_\_\_\_\_ CVV Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Direct Checking (ACH)**   *Please complete or attach a voided check.*

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Check(s)**   *If paying by check, please include check(s) with your returned application.*

I/We agree to make the payments listed on this payment plan form. I/We understand that the payment plan above is subject to the approval of the synagogue.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please scan & email this form to Manny Pappas, Senior Accountant at [manny@sholomchicago.org](mailto:manny@sholomchicago.org) or return it with your application and check(s) to: Temple Shalom of Chicago | 3480 N. Lake Shore Dr. | Chicago, IL 60657