



Bender JCC of Greater Washington

Bender JCC Payment Update Form

Name: _____

Address: _____

Phone: _____

_____ Email: _____

New Credit Card: Visa MC AmEx Disc.

Card Number: _____

Expiration Date: _____ CVV (3 or 4 digit): _____

Checking Account: (Please attach a blank, VOIDed check to this form)

Routing Number: _____ Account Number: _____

Name of Bank/Credit Union: _____

Membership

Membership Type: _____

_____ I understand that for ongoing memberships, a 30 day written notice prior to the next billing period is required to cancel my membership. (Written notice can be emailed to membership@benderjccgw.org.)

_____ I understand that no refunds are granted for non-use of facilities.

Preschool

Child's Name(s): _____

Preschool Program Information: _____

_____ I understand that a \$25 Processing Fee will be charged if a payment does not go through on its scheduled date.

Other Programs Drafting Monthly: Please check all that apply

_____ Kids After Schools (KAS) Enrollees: _____

_____ Arts Alive Enrollees: _____

_____ Maccabi Enrollees: _____

_____ Dance Enrollees: _____

_____ Other: _____

I hereby authorize the Bender JCC of Greater Washington to charge my credit card/bank account as updated above for all specified programs.

Signature

Date