

# The Neshamah Institute

## Tuition Payment Plan: Credit Card Authorization Form



*The Neshamah Institute*  
GROWING JEWISH SOULS

{ } I authorize The Neshamah Institute to charge my credit card according to the schedule on my invoice.

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

TOTAL TO BE CHARGED \$ \_\_\_\_\_

PAYMENT SCHEDULE: \_\_\_\_\_

Please charge my: { } American Express { } Visa { } MasterCard

Cardholder Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Validation Code (3- or 4-digit number on signature strip) \_\_\_\_\_

Signature \_\_\_\_\_

Please mail this form to:  
**The Neshamah Institute**  
**21845 Powerline Road, Suite 205**  
**Boca Raton, FL 33433**

For more information,  
please call **561.368.1199**  
or email **rabbi@niboca.org**