

**Jewish Community Center of Greater Columbus
1125 College Avenue
Columbus, Ohio 43209**

FULL YEAR PAYMENT OPTION AGREEMENT

If paying in full by credit card or check please complete the following information:

JCC Member Name _____

JCC Membership Number _____

Renewal Date _____

Membership Category _____

____ Check Attached

____ MC/Visa/Discover/Amex Number _____

Expiration Date _____

3 or 4 Digit code _____

Name on Card _____

Billing Address & zip code _____

Signature _____ Date _____

Phone Number _____

E-Mail _____

Date Charge to run _____

Total Amount Owed _____

I agree that my membership will renew annually on _____ and that my membership will be paid at my renewal with account information given on this form.

Signature _____ ***Date*** _____

Copy given to member: Member Initial _____ Staff Initial _____

FOR OFFICE STAFF ONLY:

Verbal authorization given on (date) _____

Name of Person giving authorization _____

Staff member _____

Information entered in CSI _____ yes _____ no Notes in CSI _____ yes _____ no

Completed & ready to file _____ yes _____ no