Eretz HaChaim
Payment Form for Plots and Services

Eretz HaChaim accepts payment via Check, Bill Pay, Wire transfer or Credit Card. Upon request (and subject to the approval of the Eretz HaChaim office), payment plans may be arranged over the course of up to 24 months and in up to 4 installments (unless via credit card but subject to additional handling fee as listed below). In order to complete your reservation, please choose from one of the following payment options:

Checks:

☐ I wish to provide the Eretz HaChaim office with (insert number of checks) _____ (maximum of 4 checks) postdated checks in the amount of $ _____ per check. The checks shall be deposited on the following dates:

_____

Bill Pay:

☐ I Wish to direct my bank to automatically transfer funds via check or wire in (insert number of installments) _____ installments (maximum of 4 installments) in the amount of $ _____ per installment on the following dates:

_____

If choosing this option, please send a copy of the Bill Pay confirmation to info@eretzhachaim.org with your NAME and the word "PAYMENT" in the subject of the email.

Wire Transfer:

☐ I wish to wire funds directly from my personal account to Eretz HaChaim in (insert number of installments) _____ installments (maximum of 4 installments) in the amount of $ _____ per installment on the following dates:

_____

If choosing this option, please send a copy of the Wire confirmation to info@eretzhachaim.org with your NAME and the word "PAYMENT" in the subject of the email.

Credit Card: *Note: Payment may be made in up to 24 installments over a 24-month period. Payment via credit card, in 2 - 4 installments includes a handling fee of an additional 1%; payment in more than 4 installments includes a handling fee of an additional 3%*

Cardholder Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Email: _____ Telephone: _____

Card Number: _____ Expiration: _____/ _____ Security Code: _____

☐ I authorize _____ charge(s) (maximum of 4 instalments) against my credit card for the following amount $ _____ on the following dates:_____

☐ I authorize a recurring charge against my credit card for the following amount $ _____ once every month beginning _____/ _____/ _____ and ending after _____ payments.

Signature: _____