



Salem Jewish Congregation
Temple Beth Sholom
Honoring Our Past by Building a Vibrant Future

James Greene, Rabbi

Elaine Day, President

AUTHORIZATION AGREEMENT FOR MONTHLY AUTOMATIC BANK DEDUCTION

Name of Account Holder: _____

Social Security Number: _____

Name of Bank: _____

I (we) authorize Temple Beth Sholom or charge my checking account for membership dues and/or pledges indicated below. I also authorize my bank named here to honor these monthly charges. This authority will remain in effect until I give Temple Beth Sholom notice in writing that it has ended. I understand that I must give notice in time to give Temple Beth Sholom a reasonable chance to act upon it. I can also stop payment by notifying my bank before my account has been charged. *I WILL ALSO NOTIFY TEMPLE BETH SHOLOM AT THE SAME TIME.*

Monthly Dues Payment: _____

Pledges (Please Specify): _____

Total Deductions: _____

Signature of Account Holder: _____

Signature of Account Holder: _____

Date: _____

PLEASE ATTACH A “VOIDED” CHECK OR DEPOSIT SLIP FROM YOUR ACCOUNT TO ACCOMPANY THIS AUTHORIZATION