



Authorization to charge via eCheck

current date

I, _____, authorize United Synagogue of Hoboken
to charge my _____ starting on _____ and on the
checking / savings account *month / day / year*

_____ of each month following through _____
day of the month *final month, day, year*

for the amount of \$ _____ each month for _____
\$X.XX *description of the transaction*

My account information is as follows:

Bank Name: _____

Bank ABA Routing Number: _____

Bank Account Type: _____
(checking, savings)

Bank Account Number: _____

This payment authorization is valid and to remain in effect unless I,
_____, notify United Synagogue of Hoboken of its cancellation
customer name

by sending written notice. Telephone notice is not acceptable.

[customer's signature]

[customer's printed name]

Please attach voided check here: