

United Synagogue of Conservative Judaism
New Jersey Region
TD Bank Affinity Program
Enrollment Form

For office use only:
Code Assigned by TD Bank: _____
Date assigned _____

Name of Synagogue: _____
Address: _____
Office Phone _____
Synagogue President _____
Synagogue Executive Director/Office Manager _____
Number needed to sign up: _____



Account Holder(List personal and Business

Accounts separately

Address

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Commerce Bank Affinity Program Enrollment Form

Name of Synagogue: Total Number Signed up,

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Commerce Bank Affinity Program Enrollment Form

Name of Synagogue: Total Number Signed up,

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