

Care2Share Affinity Program Account Linking/Un-Linking Form

Accountholder Name (please print) _____ SSN#/Tax ID# _____ Date _____

Address _____

City, State, Zip _____

ACCOUNT LINKING/UNLINKING

<input type="radio"/> Link	<input type="radio"/> Un-Link	_____	to	_____
		This Account #		Organization's Full Name - No Abbreviations
				Mercer County Italian-American Festival Association
<input type="radio"/> Link	<input type="radio"/> Un-Link	_____	to	_____
		This Account #		Organization's Full Name - No Abbreviations
				Mercer County Italian-American Festival Association
<input type="radio"/> Link	<input type="radio"/> Un-Link	_____	to	_____
		This Account #		Organization's Full Name - No Abbreviations
				Mercer County Italian-American Festival Association

**FOR INTERNAL
USE ONLY**

Code # _____

Code # _____

Code # _____

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION:

By signing below, I certify that I am an authorized accountholder on any accounts listed above. I further understand that I am acting on behalf of all other signers on the account(s) listed. I acknowledge that there is no cost to me when linking or un-linking my account(s) to a non-profit organization, and that the Terms and Conditions currently in place for my account(s) are unchanged by this account linking/un-linking. Investors bank will mail me confirmation of my account linking/un-linking within five (5) business days.

Signature _____ Date _____

FOR INTERNAL USE ONLY

Employee Instructions: This form must be completed in its entirety and confirm the information's accuracy. When complete, please scan and submit through Intranet Care2Share Account Linking Tab.

Employee Name _____ Employee ID Number _____

Branch Name _____ Branch Number _____

FOR DEPOSIT OPS USE ONLY

Processed By _____ Date _____

