

Care2Share Affinity Program Account Linking/Un-Linking Form

Accountholder Name (please print)

SSN#/Tax ID#

Date

Address

City, State, Zip

ACCOUNT LINKING/UNLINKING

Link Un-Link

This Account #

to

Organization's Full Name - No Abbreviations

Code #

Link Un-Link

This Account #

to

Organization's Full Name - No Abbreviations

Code #

Link Un-Link

This Account #

to

Organization's Full Name - No Abbreviations

Code #

**FOR INTERNAL
USE ONLY**

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 is accurate. When complete, please scan and send to DL-Care2Share.

Employee Name

Employee ID Number

Branch Name

Branch Number

FOR DEPOSIT OPS USE ONLY

Processed By

Date