

Care2Share Affinity Program Personal Account Enrollment Form

Account Holder Name (please print)

SSN#/Tax ID#

Date

Address

City, State, Zip

ACCOUNTS TO ENROLL OR REMOVE

Enroll Remove _____
This Account # to Organization's Full Name - No Abbreviations

Enroll Remove _____
This Account # to Organization's Full Name - No Abbreviations

Enroll Remove _____
This Account # to Organization's Full Name - No Abbreviations

**FOR INTERNAL
USE ONLY**

Code #

Code #

Code #

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION:

By signing below, I certify that I am an authorized Account Holder on the account(s) 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 enrolling or removing my account(s) from the Care2Share Affinity Program, and that the Terms and Conditions currently in place for my account(s) are unchanged by enrolling them in any participating Not-for-Profit's Care2Share. Investors bank will mail me confirmation of my account enrollment or removal within five (5) business days.

Signature

Date

FOR INTERNAL USE ONLY

Employee Instructions:

This form must be completed in its entirety and checked for accuracy. When complete, enter the information into the Care2Share Customer Account Enrollment tab in the Care2Share Application Center. Enter the customer's Tax ID and a listing of all the customer's eligible accounts will populate. Select the correct account(s), and then choose the correct NFP from the dropdown menu.

YOU MUST COMPLETE ALL THREE STEPS: "1. PRINT AUTHORIZATION", "2. UPLOAD FORM", AND "3. SUBMIT", OTHERWISE THE REQUEST WILL NOT BE COMPLETED OR TRANSMITTED.

Employee Name

Employee ID Number

Branch Name

Branch Number

FOR DEPOSIT OPS USE ONLY

Processed by:

Date:

