

# Care2Share Affinity Program 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 and Chapter Location - No Abbreviations
- Enroll  Remove \_\_\_\_\_  
This Account # to Organization's Full Name and Chapter Location - No Abbreviations
- Enroll  Remove \_\_\_\_\_  
This Account # to Organization's Full Name and Chapter Location - 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:



investors Bank

Banking in *your* best interest.