Care2Share Affinity Program
Account Linking/Un-Linking Form

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

Address

City, State, Zip

| | FOR INTERNAL |
| | USE ONLY |

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 #

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

investors Bank

Banking in *your* best interest.