

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

_____ **NATIONAL POLICE DEFENCE FOUNDATION INC** _____
This Account # to Organization's Full Name - No Abbreviations

Link Un-Link

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

Link Un-Link

_____ _____
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 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