



PAY IT FORWARD PROGRAM SUPPORTER FORM

Account Holder Name

SSN/Tax ID#

Address

City, State, Zip

Date

ACCOUNT LINKING/UNLINKING

Link Unlink _____ to _____
This Account Number Organization's Name
I choose to Unlink my account _____
Signature

Link Unlink _____ to _____
This Account Number Organization's Name
I choose to Unlink my account _____
Signature

Link Unlink _____ to _____
This Account Number Organization's Name
I choose to Unlink my account _____
Signature

For Internal Use Only

Identifying Number _____

Identifying Number _____

Identifying Number _____

PLEASE READ AND AGREE TO THE FOLLOWING INFORMATION:

By signing below, I certify that I am an authorized account holder 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 the linking/un-linking.

Signature

Date

FOR INTERNAL USE ONLY

Employee Name _____ Branch _____

FOR BRANCH ADMINISTRATION USE ONLY

Processed By _____ Date _____