



Please print and complete form and send to CIF at AIM# 02-201-01-14

# AFFINITY BANKING

## CUSTOMER ACCOUNT CODING FORM

DATE \_\_\_\_\_

AFFINITY/ORGANIZATION NAME **Montvale Educational Foundation**

BANK AND BRANCH \_\_\_\_\_

MANAGER/CSR \_\_\_\_\_

Accounts will be coded only at the CI level. **PLEASE LIST ALL OF THE SOCIAL SECURITY NUMBERS IN THE HOUSEHOLD.**

BANK \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SSN# \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SSN# \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SSN# \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SSN# \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SSN# \_\_\_\_\_