



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 Beacon Animal Rescue #A3700

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# _____