

CommUNITYFirst Account Linking Form

FDIC FDIC-Insured - Backed by the full faith and credit of the U.S. Government

This form will "link" your accounts to a nonprofit organization so that OceanFirst can donate to them at

no cost to you. Please return this form to an OceanFirst branch or contact our Customer Care Center at 1.888.623.2698 Monday - Friday: 7:00am - 7:00pm EST, Saturday: 8:00am - 5:00pm EST. Accountholder Name (please print) SSN#/Tax ID# Date Address City, State, Zip Code **Account Linking** ☐ **Link** ☐ Un-Link **Account Number** to Nonprofit Organization's Full Name ☐ **Link** ☐ Un-Link **Account Number** Nonprofit Organization's Full Name to ☐ **Link** ☐ Un-Link **Account Number** Nonprofit Organization's Full Name to 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 nonprofit organization, and that the Terms and Conditions currently in place for my account(s) are unchanged by this account linking/un-linking. I understand that no account or balance information will be shared with linked nonprofit(s). Account Holder Signature Date FOR INTERNAL BRANCH USE ONLY **Employee Instructions:** This form must be completed in its entirety and confirm the information's accuracy. When complete, please scan and upload to Director file. **Employee Name Branch Name** Affinity Profile Number 1 Affinity Profile Number 2 Processed By Date Affinity Profile Number 3