

Please complete the form below and drop it off or mail it to your nearest branch location.



## Community Alliance Program Supporter Account Form

***Alliance Checking Accounts are a condition of our loan commitments, therefore Alliance Checking products cannot be designated as supporter accounts.***

***GUDPA defined accounts which is; The Governmental Unit Deposit Protection Act ("GUDPA") a supplemental insurance program set forth by the New Jersey Legislature to protect the deposits of municipalities and local government agencies cannot be designated as supporter accounts.***

Accountholder(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Recipient Organization Name: \_\_\_\_\_ CAP #: \_\_\_\_\_

Deposit Account numbers to be included in Community Alliance Program to benefit above named organization<sup>1</sup>:

_____	_____	_____
_____	_____	_____

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Account holder is not required to sign the Member Termination Form when the recipient organization above no longer participates in the Community Alliance Program.