



AFFINITY BANKING
CUSTOMER ACCOUNT FORM
Commerce Bank Affinity Code AV

****For Commerce Bank Use** Please complete form and send to CIF at AIM # 201-01-14

DATE _____

AFFINITY/ORGANIZATION NAME MOUNT OLIVE SOCCER CLUB

BANK AND BRANCH _____

MANAGER/CSR _____

****Please use Commerce Affinity Program Bank Code AV – see branch manager for details and/or questions.**

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

****For Mount Olive Soccer Club Member – Please fill out & submit to Commerce Bank**

CUSTOMER NAME _____

SSN# _____

ADDRESS _____

PHONE _____

CUSTOMER NAME _____

SSN# _____

ADDRESS _____

PHONE _____

This is to certify that the Mount Olive Soccer Club receives NO FINANCIAL INFORMATION for members participating in this program with Commerce Bank. Any questions should be directed to Bill Spies, VP of Operations, Mount Olive Soccer Club at www.mountlivesoccer.com