

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



Community Alliance Program Organization Enrollment Form

Organization Name: _____

Organization Account Number: _____ Checking Savings

Address: _____

Contact Name: _____ Contact Phone: _____

Email Address: _____ Website: _____

Purpose/Mission of Organization: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

*Originating Br: _____ *Referred by: _____ *CAP Tracking # _____

*Bank Officer CAP Approval: _____

*For Boiling Springs Savings Bank use

Participation in the Community Alliance Program is pending until approved by Boiling Springs Savings Bank. Organization agrees to acknowledge membership in the program and the Bank may post a list of recipient organizations on its website, www.bssbank.com. All supporter and organization account information is kept strictly confidential. The Community Alliance Program is subject to internal and external auditing.

Organization Termination Form

As of _____, _____,
(Date) Name of Organization
would like to withdraw participation in the Community Alliance Program. I/We understand that it is the responsibility of the organization to notify its participating members that we are no longer participating in this program.

Signature

Signature