

# SAVE UP<sup>SM</sup> AUTHORIZATION

Please print all information



## 1 Type of Request

New Enrollment  Cancel Enrollment  Update/Change Enrollment

## 2 Account Holder Information

Name: First, Middle, Last

Suffix

Mailing Address:  Domestic  Foreign

City (Country name if foreign address)

State

Zip

## 3 Save Up Instructions (Not for use with Trust Accounts)

All Advancial Debit/ATM cards associated with the Checking ID/Suffix indicated below are enrolled in the Save Up Debit Card Round-Up Savings Program. Save Up transfers may only be directed to a regular savings account type ID/Suffix only.

Activate Save Up on: Account Number

ID/Suffix

Post Save Up transfers to: Account Number

ID/Suffix

## 4 Signatures

By signing below, I agree that the changes on this Authorization amend the previously signed Membership and Account Application, and are subject to the terms and conditions of the Membership and Account Agreement, Account Services and Fee Schedule, Funds Availability Policy Disclosure and Electronic Funds Transfer Agreement, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I agree to and acknowledge receipt of the Save Up Debit Card Round-Up Savings Program Terms and Conditions.

Member/Account Holder Signature

Printed Name

Date