



Your Money ~ Your Union ~ Our Commitment

Set-it & Forget-it Savings Account Contract

By signing this form, I agree to and acknowledge the following:

1. Any and all joint owners on my current savings account # _____ are joint on the Set-it & Forget-it Savings Account as well.
2. I have received a copy of the Share and Share Draft Rate and Fee Schedule as well as the Set-it & Forget-it Savings Account Disclosure.

3. I elect the following amount and method of deposit to the Set-it & Forget-it Savings Account:

_____ a. \$ _____ from payroll deduction each week.

_____ b. \$ _____ from _____ savings / _____ checking weekly – Circle one M T W TH F

_____ c. \$ _____ from _____ savings / _____ checking monthly – Specify day of the Month _____

4. On the first business day in November:

_____ a. Transfer the balance to account # _____ Suffix _____

_____ b. Mail a check payable to the main member to the address on file as of the 1st business day of November.

X _____
Member Signature

Date

X _____
Printed Name

X _____
Credit Union Representative