

# Round Up Savings Authorization



Account Title: \_\_\_\_\_

DDA (A) From \_\_\_\_\_

SAV (B) To \_\_\_\_\_

I/we the undersigned hereby apply for Hometown National Bank's Round Up Savings Program and apply for a personal checking account(s) and/or savings account(s), and/or debit card, if I/we do not already have such. All accounts must be maintained in the same name.

The undersigned further authorizes the Bank to transfer funds from my/our (A) account, identified above, to my/our account (B), identified above, at such time as any electronic debit transaction is rounded to the nearest dollar. The amount transferred from my/our account (A) will be that of a rounding to the next dollar on any electronic debit transaction.

The Bank or any one of the undersigned may cancel this Round Up Savings authorization upon written notice to appropriate party. I/we understand that the authorization for this service will remain in effect until 10 (ten) days after written notice of termination is actually received by the Bank.

The undersigned also agrees to abide by the rules of regulations of the Bank governing checking savings and debit card accounts (and all amendments thereto) as stated on the signature cards governing checking, savings and debit card accounts.

Authorized Signature(s):

(1) \_\_\_\_\_ Date: \_\_\_\_\_

(2) \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Entered by:

\_\_\_\_\_

Cancellation of Round Up Savings:

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and print this form to bring to your local Hometown National Bank Branch.