

Debit Card Round Up Enrollment Form

| Checking Account Number | Date | |
|---|--|--|
| Account Owner 1 | Account Owner 2 | |
| Account Owner 3 | Account Owner 4 | |
| Receiving Savings Account: | | |
| OPTIONAL ADDITIONAL AMOUNT | | |
| Add additional amount to EACH qualifying debit ca | rd transaction for Round Up: \$1.00 | \$2.00 |
| Ideal Credit Union's Debit | Card Round Up Program's Terms & Conditions | |
| RoundUp Program Information Upon enrollment in Ideal Credit Union's Debit Card Round Up rounded up to the next whole dollar amount and the excess fu up from each qualifying debit card transaction will post to the posted after daily cutoff time may not round up until the foll Round Up, Ideal CU will not round up any debit card transaction. | nds will be deposited into the savings account designat checking account in a single transaction at the end of owing day. If there are not sufficient funds in the che | ed above. Amounts that round the day. Debit card transactions ecking account to complete the |
| Joint Account Holders All debit cards associated with the checking account identified a the same account owners as the enrolled checking account. It a qualifying deposit account owned by all signers listed on che | f a joint savings account does not exist, you agree to a | |
| Account Closures If the checking account enrolled in the Debit Card Round Up Pr the Debit Card Round Up Program will be cancelled. By signing the Debit Card Round Up Program. Please note: Transfers may | this enrollment agreement, you agree to notify Ideal C | redit Union if you wish to cance |
| Additional Funds If you choose to add an additional amount of \$1 or \$2, the add dollar amount transactions, in that days aggregate Round Up to | | card transaction, including ever |
| eStatement Required Enrollment in eStatements is required to be eligible for enrollr be eligible to participate in the Round Up Program. eStatement | | |
| By signing below, I understand the information outlined | above and I agree to the Terms and Conditions of | of the Round Up Program: |
| Member Signature: | Date: | |
| Joint Owner Signature: | Date: | |
| Joint Owner Signature: | Date: | |
| Joint Owner Signature: | Date: | |
| Cancellation: I request Ideal Credit Union to cancel | my enrollment in the Debit Card Round Up Program. | |
| Member Signature: | Date: | |
| Joint Owner Signature: | Date: | |
| Joint Owner Signature: | Date: | |
| Joint Owner Signature: | Date: | |