Change to Saving

Enrollment/Cancellation Form

Date_____

Name_____ Account #_____

☐ Please enroll me in **Change to Saving** Suffix # _____

☐ Please cancel my enrollment in **Change to Saving**

- This is a free service to Fond du Lac Credit Union members with any type of Savings (Share) account, Checking (Share Draft) account and Debit Card.
- Whenever I use my Fond du Lac Credit Union Debit Card, the amount of my purchase will be rounded up to the next dollar amount and deducted from my checking account. The difference will be deposited automatically my designated Share account.
- I am responsible for any overdraft that may occur as a result of the rounding up of purchases.
- If I return items to the place of purchase, only the actual purchase amount will be credited to my checking account.
- If this is a joint account, it is my responsibility to inform the joint owner of this enrollment.
- This service is effective immediately.
- I may cancel my enrollment in this program at any time by notifying Fond du Lac Credit Union in writing.
- Fond du Lac Credit Union reserves the right to cancel this service at any time.
- Fond du Lac Credit Union recommends enrollment in eStatements when enrolled in the Change to Saving program.

I have read and agree to the terms of the Change to Saving program.

_____

Member Signature

For office use only

☐Set up _____ _____
(ATM Savings) Date Initials

☐Cancelled _____ _____
(ATM Savings) Date Initials