

Round Up Your Change

First Name:	Last Name:
Submitted on:	
everyday purchases and Ser will automatically transfer froi business day. If you need to number and sign up for Rour I authorize Seneca Savings t funds will be transferred to the *If you select a recipient accordance irreversible transfers to the	o add Round Up Your Change to the designated checking account provided on this form. All rounded up the below listed recipient account. Sound you are not the owner of any funds transferred to the account as a result of the Round Up Your Change
Checking Account Number (required)	
Recipient Account Number (required)	
to all of its bylaws and rules a transfers will not be posted in next day after the transaction will only occur for the amount notice to Seneca Savings. Federal law requires that we transaction. If you prefer to r 638-0233 and request them, online application, you will not your consent to recieve future given. I/We AGREE with the above	a, I (each person jointly and severally) apply for the service listed above. As an account owner, I am subject as amended from time to time. I certify that all information given is correct. It is understood that round up immediately but will be posted as a single transaction after the daily totals. These transfers will happen the a posts. You further understand if your account has insufficient funds the round up transfer will not occur or available in your checking account. You may cancel this authorization at any time by submitting written obtain your consent before providing required disclosures electronically. Your consent will apply only to this ecieve paper copies free of charge after consenting to recieve electronic disclosures please call (315). Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your of the able to withdraw your consent to recieve those disclosures electronically. However, you may withdraw as disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already statement. By clicking submit below I/WE wish to proceed with the application and acknowledge receipt of
the above disclosures electrons First and Last Name	onically. Submit is considered my/our electronic signature.
(required)	
Date and Time Electronically Signing (required)	