

## Round Up Your Change

First Name:	Last Name:
Submitted on:	
everyday purchases and Ser will automatically transfer fro business day. If you need to number and sign up for Rour I authorize Seneca Savings to 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 e below listed recipient account. Doubt on 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 ir next day after the transaction will only occur for the amoun notice to Seneca Savings.  Federal law requires that we transaction. If you prefer to re 638-0233 and request them. online application, you will not your consent to recieve future given.  I/We AGREE with the above the above disclosures electrons.	In the content of the
First and Last Name (required)	
Date and Time Electronically Signing (required)	