



ROUND UP THE SAVINGS

Customer Consent & Enrollment Form

Terms and Conditions:

- Customers must sign up for the new service and have both a personal checking and savings account.
- All qualifying debit card transactions tied to the customer's designated personal checking account will be rounded up to the next whole dollar. That difference will be deposited into the customer's designated personal savings account. If the transaction amount is for an even dollar amount, the round up amount will be for \$1.00.
- If a checking account has multiple debit cards, each card's transactions will be rounded up.
- To enroll, customers must agree to the Terms and Conditions and complete the enrollment form with their name(s), checking account number, savings account number and a signature. Please allow up to three business days for "Round Up the Savings" program activation.
- This program is not available for Business or Money Market accounts.
- The transaction at the point of sale will show the actual purchase total, but the customer's statement will show that purchase/amount and a corresponding entry with the rounded up amount /deposit into the savings account.
- If the customer is opening a new savings account for the service, it will be styled identically to the checking account it is tied to (i.e., if the checking account is a joint checking account the corresponding savings account will also be a joint account in both names).
- If the transaction occurs while the person is overdrawn, the automatic rounding up and deposit into savings will not occur.
- State Bank of Texas reserves the right to cancel the "Round Up the Savings" program at any time.
- To cancel service at any time, please contact State Bank of Texas at 972-252-6000.

First Name: _____ Last Name: _____ Middle Initial: _____

Checking Account Number: _____

Savings Account Number: _____

I have read and agree to the "Round Up the Savings" Terms and Conditions. I hereby authorize State Bank of Texas to enroll me in this program.

Accountholder Signature: _____ Date: _____

SBT Employee Use Only:

Input by: _____ Date: _____ Reviewed by: _____ Date: _____