

Round-Up Savings Enrollment Form

First Name:	M.I	Last Name: _	
Street Address:			
City:	Stat	e:	_ Zip Code:
Home Phone:	Work Phone:		_ Cell Phone:
ROUND-UP INFORMATION			
Round-Up Type (select one	e):		
☐ Round-Up my purchase to the next whole dollar			
□ Round-Up my purchase to the next whole dollar <i>AND</i> add an additional \$ per transaction			
Round-Up Transfer From	the Following Checking Acco	ount:	
Checking Account #:			
-	Following Savings Account(than one savings account, the		o amount will be divided equally be-
1. Savings Account #:			
2. Savings Account #:			
4. Savings Account #:			
5. Savings Account #:			
purchase made by you or any PCSB Bank		our checking account to t	nount of any PCSB Bank Shazam® MasterCard® debit card he next whole dollar amount in excess of the purchase esignated savings or checking account(s).
We aggregate the round-up from purchase	es that post to your checking account each bu	ısiness day and make a si	ingle transfer at the end of the business day. If on a business round up purchases posted on that business day and we
•	1 ,		conding Round-Up transfer will remain in the designated zam* MasterCard* debit cards linked to your PCSB Bank
	avings Program is closed or all accounts rece writing if you wish to cancel the Round-Up S		s are closed, the Round-Up Savings Program will be can-
Customer Signature:			Date: