



FCB Banks Pocket Change Enrollment Form

fcbbanks.com
866-323-4322

Print, complete, and return the signed request to any new accounts representative or mail directly to FCB at:

FCB Operations Department
2610 N Illinois St
Swansea, IL 62226

| | |
|----------------|-------|
| Customer Name | Phone |
| Street Address | Email |
| City/State/Zip | |

How do you want to save each time you use your FCB MasterMoney® Debit Card?

- Round up each purchase to the next whole dollar
- Add an additional \$ ____ to my original purchase
- Round up each purchase to the next whole dollar AND add an additional \$ ____ (Between \$1 - \$5)

Transfer FROM: _____

(Choose only one checking account; All debit cards attached to the account will be enrolled)

Transfer TO: 1) _____ 2) _____ 3) _____

(Choose up to three accounts with at least one common owner; Funds are distributed equally)

Terms & Conditions

When you enroll in our Pocket Change service, the amount of every debit card purchase made by a debit cardholder on your account is rounded up as specified above. This amount is transferred in excess of the purchase price from your checking account to the designated savings or checking account(s). We aggregate the round up from purchases that post to your checking account each business day and make a single transfer at the end of the business day. If you do not have sufficient available funds (\$50 minimum balance) in your checking account, we do not round up purchases posted on that business day and cancel the Pocket Change transfer for that day.

If your debit card purchase is subsequently cancelled or reversed, the corresponding Pocket Change transfer will remain in the designated account(s). We may cancel the Pocket Change transfer at any time. Pocket Change is available only on debit cards linked to your FCB checking account indicated above. If the checking account with Pocket Change is closed or all accounts receiving Pocket Change transfers are closed, the Pocket Change service will be cancelled. You agree to notify the bank in writing if you wish to cancel the Pocket Change service.

| | |
|---------------|----------------|
| Customer Name | Account Number |
| Signature | Date |

Please cancel my enrollment in the Pocket Change service.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

FCB Banks Use Only

Resp. Code: _____ Branch: _____ Date: _____

Revised 09/14