



Get Fit Savings Enrollment Form

I wish to enroll in the Get Fit Savings plan. Please transfer my funds from Savings to the 6-month certificate when I've reached: \$500 in savings \$1,000 in savings

Member owner's name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Employer _____

Joint owner's name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Employer _____

Transfer \$ _____ to my Get Fit account monthly.

Complete my transfer through:

Direct Deposit Payroll Deduction Automatic Transfer from my checking account

I am committed to reaching my savings goal of \$5,000 and agree to the account information outlined below.

Signature Field _____ Date _____

Additional Get Fit Savings Plan Information:

- One savings withdrawal per month is allowed without penalty. Additional withdrawals are \$2 each.
- No withdrawals by ATM or debit card are allowed.
- No deposits from other VCCU savings accounts. Deposit balance should grow from regular savings habit, including payroll deduction, automatic transfers, etc.
- If regular deposit/transfer is cancelled, reduced below the monthly minimum required amount, or does not arrive for 60 days, rate will revert to regular share rate.
- This program is subject to change and/or cancellation at any time.
- Please refer to disclosures you'll receive at account opening.

805.477.4000 • 800.339.0496 • vccuonline.net

Federally Insured
by NCUA

Please print, sign and return this form to Ventura County Credit Union via mail to 2575 Vista Del Mar Drive, Suite 100, Ventura, CA 93001 by fax at 805.339.4226 or bring it into one of our offices.