



## Pony Up! Savings Agreement

120 West Canadian Ave. P.O. Box 278, Vinita, OK 74301  
918-256-5585 • 877-611-5585 • fax 918-256-3817

www.okstatebank.com

The undersigned hereby requests and authorizes Oklahoma State Bank to charge my/our checking account number \_\_\_\_\_ whole dollar amounts when making debit card purchases from my/our checking account. The amount which can be charged and so transferred shall equal the amount necessary to cause debit card transactions to be rounded to the next even dollar. The balance after paying for the original transaction will be transferred to my/our savings or checking account number \_\_\_\_\_.

In addition, I/we agree to maintain a sufficient balance in my/our checking account to cover the transfers requested by the above authorization. If the balances in my/our checking account are insufficient to cover the transfers authorized, the Bank may cancel this authorization immediately without notice and otherwise exercise its right and remedies under applicable law and the rule and regulations of the Bank governing savings and checking accounts, including closing the undersigned's checking and savings accounts. The only notice of such transfers will be provided in the statements of the accounts involved in the transfers. Note: For each purchase you will see two debits on your checking account statement: 1) The original amount of the purchase, and 2) The additional amount that will bring the purchase to the next dollar.

The undersigned also agrees to abide by the rules and regulations of the Bank governing checking and savings accounts (and all amendments thereto) as stated on the signature cards governing checking and savings accounts. IN PARTICULAR, AS WITH ALL SAVINGS ACCOUNTS, THE UNDERSIGNED AGAIN ACKNOWLEDGES IN THIS AUTHORIZATION THAT THE BANK RESERVES THE RIGHT TO REQUIRE THE UNDERSIGNED TO GIVE NOTICE IN WRITING OF AN INTENDED WITHDRAWAL FROM THE ABOVE-REFERENCED SAVINGS ACCOUNT NOT LESS THAN 7 DAYS BEFORE SUCH WITHDRAWAL IS MADE.

Upon 30 days written notice to the undersigned, the Bank may amend this authorization in any respect. Such notice shall be properly given when enclosed with the undersigned's checking account statement. If this authorization needs to be amended because of a change in State or Federal Regulations, the change shall be effective immediately without notice.

The Bank or any one of the undersigned may cancel this authorization upon written notice to appropriate party. Such notice shall be effective immediately when mailed or delivered by the Bank and, when given by any one of the undersigned, it shall be effective seven (7) days following receipt thereof by the Bank.

Other instructions or comments: \_\_\_\_\_

**By signing below, the undersigned hereby acknowledges receipt of a copy of this agreement.**

Date

D	D	M	M	Y	Y	Y	Y
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Bank Signature

Customer Signature

**TO CANCEL THE SERVICE**

Effective

D	D	M	M	Y	Y	Y	Y
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the undersigned hereby cancels this Automatic Transfer.

Customer Signature

**OKLAHOMA  
STATE BANK**

Member FDIC

PRINT FORM