



# MARINE BANK

## COMMON CENTS REGISTRATION FORM

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I request enrollment in the Marine Bank Common Cents Program and request that my debit card purchases be increase to the nearest dollar until I notify Marine Bank otherwise.

Checking Account Number: \_\_\_\_\_

VISA Debit Card Number: \_\_\_\_\_

Please transfer my Common Cents funds to the following account:

Checking       Savings       Money Market Passbook       Holiday Savings

Account Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_