



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 increased to the nearest dollar until I notify Marine Bank in writing otherwise.

Last 4 of Checking Account Number: _____

Last 4 of VISA Debit Card Number: _____

Please transfer my Common Cents funds to the following account:

- Checking
- Savings
- Money Market Passbook
- Holiday Savings/Summer Savings

Last 4 of Account Number: _____

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

(Second Signature only required for accounts with joint owners)

Please Forward the completed form to:

By Mail:
Marine Bank
Attn: Personal Banker
3050 Wabash Ave
Springfield IL 62704-6413

By Email:
support@ibankmarine.com

By Fax:
217-726-0649