

Effective: 6.1.17

Kasasa Cash with SAVER® Agreement

Member Name: Joint Member Name:			
 b) No monthly service c) Unlimited check with d) Convenient electron e) FREE Nationwide and only) when completed reimbursed if the approximation 	iting nic delivery of Statements and NATM fee refunds up to \$4.99 perced with your RBFCU debit care repropriate ATM receipt is presented to Kasasa Cash® qualified to Bay FCU's ATMs	otices er item and up to \$7.50 per d. Individual ATM Fees of nted to a representative at	f \$5.00 and higher will only be one of our branches within 30
a) Have at least ten (10 b) Have at least one (1)	be met each Qualification Consideration Statements and Notices. eMail ain Online Banking	card transactions post and Deposit post and clear	•
month. b) Kasasa Cash® with I following the end of	wide ATM Fee Refunds will p Kasasa SAVER's® dividend will f the statement cycle. open Kasasa SAVER®	ost to Kasasa SAVER® o	
 4. Account Information: a) Truth In Savings Di b) Fee Schedule c) Electronic Funds Tr d) Rates and terms may 	sclosure		Jt Mbr Initial:
later than 30 days after the not count as qualifying debi	e not been reimbursed the correct statement cycle when the reimst card transactions for purposes derstand and agree to the term	bursement was applicable of earning rewards within	. Note: ATM withdrawals do this account.
Member Signature		Joint Member Signature	
	RBFCU U		
Employee Signature		Member's Phone # Circle: Home Cell Work	
Date of One Week Follow Up:		Date of Second Week Follow Up:	