



I acknowledge that I would like to participate in Hondo National Bank's "Pay It Forward" debit card savings program. I understand that for every debit card transaction completed, the debit to my account will be increased to the next whole dollar. The additional "cents" will be credited to the account I have designated below. This agreement applies to all debit cards that are linked to my account and will remain in effect until I cancel it by proper notification to Hondo National Bank.

\_\_\_\_\_ Account Holder Printed Name

\_\_\_\_\_ Account Holder Signature

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

Date \_\_\_\_\_

Account to be Credited: Name \_\_\_\_\_

Account # \_\_\_\_\_ Type: Checking or Savings