YOUTH SAVINGS CLUB

E-ALLOWANCE

Experience the convenience of E-Allowance! This free periodic payment service transfers funds from a parent/guardian account into a child account. Both accounts must originate from First State Bank to utilize this service.

Please complete this form and return it to your local FSB Branch.

Parent/Guardian Name: _____

Child Name: _____

E-Allowance Amount: _____ **Start Date:** _____

Transfer from Account Type & Number: _____

Deposit to Account Type & Number: _____

Frequency *(Circle One)*: **Weekly | Bi-Weekly | Monthly**

Transfer Day *(Circle One)*: **Monday | Tuesday | Wednesday | Thursday | Friday**

Parent/Guardian Signature: _____ **Date:** _____

Cancellation Instructions: *Check box, sign, date, and return to your local FSB Branch.*

☐ **I wish to cancel my E-Allowance transfer listed above.**

Parent/Guardian Signature: _____ **Date:** _____