

# Money Market and Online Savings AutoSavers Plan Agreement

To activate your Discover Bank AutoSavers Plan, please supply us with the following information and return the Bank Copy (White) to us in the postage-paid envelope provided and retain the Customer Copy (Yellow) for your records. For additional information, please call 1-800-347-7000 (TDD 1-800-347-7454).

## PERSONAL INFORMATION

Account transferring to:

Discover Bank Money Market and Online Savings Account Number	
Day Telephone (     )	Evening Telephone (     )

Account transferring from:

Bank Name	Branch										
City	State                      ZIP										
My name as it appears on my bank account											
Routing and Transit Number											
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">(The first 9 digits that appear at the bottom of your check.)</p> <p style="text-align: center;"><i>Please include a <b>VOIDED BLANK CHECK</b> from your account.</i></p>											
<input type="checkbox"/> Checking <input type="checkbox"/> Online Savings <input type="checkbox"/> Money Market	Account Number:										

## AutoSavers Plan Information

<u>Frequency/Day</u>	<u>Amount</u>	<u>Start Date</u>
<input type="checkbox"/> Weekly M T W T H F <small>(Circle Day of Week)</small>	\$ _____	_____
<input type="checkbox"/> Every Two Weeks M T W T H F <small>(Circle Day of Week)</small>	\$ _____	_____
<input type="checkbox"/> Monthly/Date _____ (1 <sup>st</sup> -31 <sup>st</sup> )	\$ _____	_____
<input type="checkbox"/> Monthly/Date _____ (1 <sup>st</sup> -31 <sup>st</sup> )	\$ _____	_____

**Agreement to Terms:** I hereby authorize Discover Bank to automatically transfer at the frequency and the amount indicated above, from the above-referenced account to my Discover Money Market and Online Savings Account. This authorization is to remain in effect until I provide written notice of modification or termination of authorization to: Discover Bank, PO Box 2019, Greenwood, DE 19950 and Discover Bank has a reasonable period of time to act on my instructions. Discover Bank retains the right to cancel this agreement at any time.

\_\_\_\_\_  
**Authorized Signature** **Date**