

# *How You Can Help Us "Make Every Penny Count"*



**How the Program Works:** Rutherford HS All Sports Booster Club has joined Boiling Springs Savings Bank's Community Alliance Program to help us earn extra money. The program gives Rutherford HS All Sports Booster Club the opportunity to earn money based on the number of members who bank with Boiling Springs. Once the requirements of the Community Alliance Program are met, we will receive quarterly donations based upon the average balance of supporters' designated accounts or loans at Boiling Springs. Supporters can help us by opening a new account or loan or by having an existing account with Boiling Springs and designating them as Community Alliance participants. Loan customers must affiliate with a CAP group within 60 calendar days of origination. **No monies are withdrawn from donor's accounts and all donation dollars come directly from Boiling Springs.**

*Accounts that will help the Rutherford HS All Sports Booster Club achieve award donations:*

## **Boiling Bucks Youth Savings:**

*A savings account designed to teach children the importance of saving.*

- Account available to youths under the age of 18<sup>1</sup>
- Interest earned monthly on all account balances
- Minimum deposit to open account is \$1
- \$10 bonus is deposited into account if account is opened with \$10 or more<sup>2</sup>

1. Age 12 and under must open a Custodial Account. At age 18, the account converts to our regular Statement Savings Account. Service fees may apply to the regular statement savings account and fees could reduce earnings.

2. Only one account per child will earn the \$10. If account is closed within 1 year of opening the \$10 bonus will be forfeited.



Member FDIC

## **Student Checking:**

*Available to consumers between the ages of 14 and 23, this product is a great first checking account for high school students eager to learn how to manage their money, recent graduates beginning a new career and for students heading off to college.*

- No monthly fees
- Interest earned on all balances
- Free specialty checks or a discount on custom checks
- Minimum deposit to open account is \$1
- At age 23, account will convert to a regular NOW account
- \$10 bonus is deposited into account if account is opened with \$10 or more<sup>1</sup>
- Up to \$10 in Foreign ATM fees can be reimbursed monthly<sup>2</sup>

1. Minimum deposit of \$10 is required to earn the bonus. Only one account per consumer will earn the \$10. If account is closed within one year of opening, the \$10 bonus will be forfeited.

2. Upon request, Student Checking account customers that generate Foreign ATM/Debit transaction fees are entitled to a maximum fee reversal of \$10 per statement cycle. Transaction fees will be reversed up to 60 days from the checking account statement ending date.

**For More Information:** Please call Carmen Addeo at (201) 939-6600  
or visit one of your local Rutherford office locations:  
25 Orient Way • 280 Union Avenue



# Community Alliance Program Supporter Account Form

Accountholder(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Recipient Organization Name: **Rutherford HS All Sports Booster Club** CAP #: **121**

Deposit Account numbers to be included in Community Alliance Program to benefit above named organization<sup>1</sup>:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan Account numbers to be included in Community Alliance Program to benefit above named organization<sup>1\*</sup>: \_\_\_\_\_

Signature of Accountholder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Verified by: \_\_\_\_\_

<sup>1</sup>Account holder is not required to sign the Member Termination Form below when the recipient organization above no longer participates in the Community Alliance Program.

\*New loan originations only (except Passbook Loans). Loan customer must affiliate with a CAP group within 60 calendar days of origination. Loans must be on the books for the full calendar quarter preceding a payout to qualify toward supporter count and that quarter's payout.

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## Member Termination Form

I, \_\_\_\_\_, authorize the following accounts to be cancelled from the Community Alliance Program for the benefit of the above named organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Accountholder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Verified by: \_\_\_\_\_