

For Bank Use Only	
Account Number:	_____
Port Number:	_____
Completed By:	_____
Branch:	_____



Scan to the Deposit Folder

Christmas Club Payment Enrollment Form

I wish to **Enroll in** **Cancel** an automated Christmas Club payment at F&M.

I wish to **Increase** **Decrease** the payment to my F&M Christmas Club.

** Contributions or changes must be made with the customers HR Department for Payroll deductions.

Club sizes vary with a minimum of \$10.00 per week. Deductions must be rounded to the nearest dollar. Your 2025 Christmas Club will mature on October 5, 2025 and automatically renew for another year at maturity unless you notify us of your intentions otherwise. Upon maturity, your funds will be directly deposited into the bank account of your choice.

Automatic Transfers: A total of \$ _____ should be transferred from F&M Checking / Savings Account # _____.

Weekly - (Transfers from checking accounts only) **Date to start** _____

Bi-Weekly - **Date to start** _____

Monthly - **Date to start** _____

If you are currently enrolled in automatic payments to a Christmas Club at F&M Bank, your current deductions will remain the same for another year unless you notify your HR Department of any changes.

Statement Options: Combine with F&M Account # _____

Receive Online Statement - Email Address _____

Account Holder Information

Joint Account Holder Information

Name: _____

Mailing Address: _____

SSN (last 4 digits): _____

Birthday: _____

Phone: _____

Name: _____

Mailing Address: _____

SSN (last 4 digits): _____

Birthday: _____

Phone: _____

Christmas Club checks will not be issued at maturity.

Please provide direct deposit information to ensure your funds will be disbursed.

Please directly deposit my Christmas Club, upon maturity, into the following:

Bank Name _____ Routing Number _____

Savings Account Number _____ (OR) Checking Account Number _____

This request will remain in effect until revoked.

By signing below, I authorize F&M Bank to make any changes indicated above.

Certification: Under penalties of perjury, I certify that (1) the number shown on this form is my correct Social Security Number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I also certify that I have received the terms of this account as set forth in its disclosures. The USA Patriot Act: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

Account Holder Signature

Joint Account Holder Signature