



# Select Savings Application

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Member (MAIN) Account Number \_\_\_\_\_

\_\_\_\_\_ 9-month employee

\_\_\_\_\_ 12-month employee

\_\_\_\_\_ I wish to have \$ \_\_\_\_\_ each paycheck automatically deposited into my Faculty Club Savings. (See attached payroll deductions card.)

\_\_\_\_\_ I wish to have semi-monthly checks sent to me during the summer, beginning with the May 31 check.

\_\_\_\_\_ I wish to reinstate my Faculty Club.

\_\_\_\_\_ Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY
Account Set-Up _____

**Mail or deliver to:**

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303