EQUICOM SAVINGS BANK
An Equicom Company
Opening Doors, Building Tomorrows.

**EqB Big Give Program Form**

Name of Cardholder/Applicant:

_____

Last Name First Name MiddleName

Credit Card No. (if applicable): | | | | | - | | | | | - | | | | | - | | | | |

Expiry Date:_____

Contact Details:

Billing Address: _____

Home/Office Number: _____

Mobile _____

Email Address: _____

Preferred Charity Organization: _____:

Address: _____

Office Number: _____

Email Address: _____

Amount to be donated: _____

By signing on this EqB Big Give Program "Program" Form, I hereby agree to be bound by the terms and conditions ("T&C") of the Program and comply with the requirements set forth herein, as may be amended or supplemented by Equicom Savings Bank from time to time. I further agree to be bound by the T&C and mechanics of any existing and future promotion/s of Equicom Savings Bank in connection with the Program, and by the T&C governing the issuance and use of the Equicom Savings Bank Credit Cards, all as may be amended or supplemented by Equicom Savings Bank from time to time. I likewise agree that in case of insufficient funds in the Equicom Gift card (rewards card), Equicom Savings Bank has the sole discretion to approve only a portion of the amount applied without prior notification to me.

_____ _____

Signature over Printed Name Date Requested