



FINANCIALLY MADE WINNER COMMITMENT FORM

Please bring this form with you to your budget counseling session. You will be asked to complete the form and provide it to the credit union after you map out your savings plan for the Financially Made program.

I, _____, commit to deposit \$ _____
(fill in name) (fill in amount)

_____ during the savings phase of the
(indicate frequency – weekly, biweekly)

Financially Made program. I understand that the savings phase of the Financially Made program will last from _____ to _____ .
(starting date) (ending date)

If I find that I'm not able to make my deposits, I will contact the credit union immediately.

(Signature of Financially Made Winner)

(Date)

(Signature of Credit Union Staff Person)

(Date)

