



Membership Open to all those who live or work in Brevard, Volusia, Flagler and Indian River Counties.

## Rebate Recipient Registration and Cancellation Form

(To be completed by SCCU credit card holder)

Please list **ALL** the recipients that will receive a percentage of your credit card rebate and the percentage they should receive. You may register up to five (5) recipients, for a **TOTAL DONATION** of up to ten percent (10%) of your rebate, divided among all recipients. Percentages must be in whole numbers only; no fractions.

The information on this form replaces any information previously submitted. For example, if you register your child's 2<sup>nd</sup> grade teacher, and you want to change the recipient to be the 3<sup>rd</sup> grade teacher, you must change the 2<sup>nd</sup> grade teacher's percentage to "0" and provide the information requested above for the 3<sup>rd</sup> grade teacher. If you wish to CANCEL a recipient, please submit this form with "0" in the "% to donate" column for that person.

The donations included on this form will continue until you cancel them in writing by submitting a new form showing a "0" percentage for the recipient(s). Donations will be deducted monthly and transferred to the recipient account(s). The monthly donation amount will be calculated based on your card purchase activity for the month.

**Complete all fields. PLEASE PRINT:**

	School or Home School Support Group	Name (optional) (teacher, coach, home school coordinator, etc. If no name, donation will go to "school".)	Organization (optional) (PTO, Team, Club, etc...)	County	% to donate
<b>EXAMPLE</b>	Spessard Holland Elementary	Mary Smith		Brevard	5 %
					%
					%
					%
					%
					%
			<b>Total Percentage to be donated (not to exceed 10%)</b>		

**DONOR INFORMATION (complete all fields):**

Member Name (please print): \_\_\_\_\_ Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

SCCU Account # \_\_\_\_\_ SCCU Credit Card Type  Visa®  Visa® Gold  MasterCard

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Check here if you wish to remain anonymous.

➤ By signing this form you are authorizing SCCU to enroll your VISA, VISA GOLD and/or MASTERCARD in the Smart Shopper Credit Card Program (if not already enrolled). **Bring completed form to any SCCU branch or mail or fax to: Space Coast Credit Union, Member Service Center, P.O. Box 419001, Melbourne, FL, 32941-9001 FAX: (321) 723-3716.** Allow up to 30 days to process the information submitted above. Any new or changed registrations must be submitted in writing using this form. Transferred rebate balances cannot be returned to your account. Unredeemed accruals will expire thirteen (13) months from the date of transfer from the donor's SCCU account. For example, balances credited to a recipient's rebate accrual account in December 2001 will expire in February 2003. **DONOR** must be an authorized holder on Visa®, Visa® GOLD or MasterCard.