

AUTHORIZATION FOR OVERDRAFT PROTECTION AND REGULATION E

MEMBER NAME:		MEMBER #:	DATE:	_
may be presented against may be assessed (refer to o minimum will not be made account. Signers on the cho	insufficient funds. This service our current schedule of service e. Transfers which would exce ecking account must be ident	e also covers ACH, ATM, and PO te fees). Transfers which would ed a credit limit will not be mad	\$100.00 as needed to provide for check transactions. Service charges, as applied oring the account balance below the rece, nor will transfers be made on a deline on which the overdraft protection will contain the containing the containing transfers be made on a deline or which the overdraft protection will contain the containing transfers be made on a deline or which the overdraft protection will contain the containing transfers to the containing transfer transfers to the containing transfers to the c	cable, quired quent
OVERDRAFT PREFERENCES	(in transfer order):			
Account Number	Account Type	Account Number	Account Type	
1		3		
2		4		
exhausted all of the funds transaction for you. Please your account immediately.	in your "backup" accounts, be note that our decision to app Service charges, as applicabl	ut attempt to make an ATM or colly this service to your account i	ebit transactions. This means that if you ebit transaction, we will cover that s at our discretion, and will not be appli current schedule of service fees) for ea t any time.	ed to
card transaction	ons.		s on my ATM and everyday debit	
debit card tran		nion to authorize and pay	overdrafts on my ATM and every	day
	account type (Business,	Trust, or ETA)		
Member Signature: _				
Accepted by:	Αι	idited by:		