

SAVINGS ACCOUNT OVERDRAFT PROTECTION AGREEMENT (Not available for Passbook Savings Accounts)

Customer Information			
Customer Name:		DATE:	
Address:			
Savings Account #:			
Checking Account #:			

In this Authorization, the words “we,” “our,” or “us” mean the financial institution and the words “you,” “your,” “I,” or “me” mean the depositor/account holder who completes the depositor information and authorizes the services checked by signature below. I understand that if a transfer date is a non-processing day for us, the transfer will be made on the first processing day after the scheduled transfer date.

OVERDRAFT PROTECTION AGREEMENT: We are under no obligation to pay a check that exceeds the balance in your account. If, however, you have authorized savings overdraft protection by signing this agreement, we may pay the overdraft by transferring funds to your checking account from the account(s) indicated by you on this form. We will pay the overdraft if the transaction is signed or initiated by you or by the joint account holder.

COVERED TRANSACTION: The following transactions will be covered by this service: ACH debits, ATM withdrawals, checks, debit card purchases.

INSUFFICIENT FUNDS TRANSFER: We will make all transfers in multiples of \$50.00 or the remaining balance in the savings account. This transfer will be processed even though the transfer may reduce the balance in the debited account below any minimum balance requirement for that account.

NOTE: Under Federal Law, only six (6) pre-authorized transactions from a Savings or Money Market Account are permitted per monthly statement period. The savings transfers referred to in this agreement to cover overdrafts are included in the limitations, as well as Internet banking transfers, phone banking transfers, and other types of automated electronic transfers.

FEES: A fee of \$5.00 will be charged to your checking account per daily savings overdraft protection transfer. In the event that your savings protection accounts do not have sufficient funds to cover the overdraft, the transfer will bring your savings account to zero, and the overdraft item may not be paid due to insufficient funds. Items not covered by the transfer amount may be paid or returned at our discretion and will be charged a standard Non-Sufficient Funds (NSF) fee for each item as disclosed in the CSB fee schedule.

AMENDMENTS AND TERMINATION: This Agreement may be modified and/or terminated at any time by the Bank upon notice to you. If this Authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. We may terminate this Authorization by giving you written notice at the address you have provided us. Any notice will be effective immediately when mailed or delivered to us. Notice to any one of you is notice to all of you. Your continued use of this Service after a notice constitutes your agreement to any changes. You may terminate this Agreement at any time by providing written notice to the bank or by signing the cancellation request located on the next page of this form.

DEPOSITOR INFORMATION & AUTHORIZATION

You authorize us to charge the following savings account number: _____ and to transfer and deposit funds into the checking account below to cover each overdraft on the account.

I/We want savings overdraft protection on the checking account listed previously. I/We understand a fee of \$5.00 will be charged to the checking account per each transfer.

By signing below, I/We authorize my/our checking account to be linked to the savings account listed above for overdraft purposes.

_____ **Date:** _____
Customer Signature:

_____ **Date:** _____
Customer Signature:

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Cancellation

Please CANCEL my savings overdraft protection service on my checking account listed previously. Please sign and date below.

_____ **Date:** _____
Customer Signature:

Member FDIC