

| | Customer Information | | | | |
|--|--|--------------------------------|--------------------------------|---|-----------------|
| Customer Name: | DATE | | | | |
| Address: | CIF#: | | | | |
| | Savin | gs Acco | ount #: | | |
| | Check | ing Ac | count #: | | |
| depositor/account h | n, the words "we," "our," or "us" mean the financial institution and the older who completes the depositor information and authorizes the services conon-processing day for us, the transfer will be made on the first processing | hecked | by signa | ture below. I understand | |
| have authorized sa | CTION AGREEMENT: We are under no obligation to pay a check that exceeds ings overdraft protection by signing this agreement, we may pay the overcount(s) indicated by you on this form. We will pay the overdraft if the trans | Iraft by | transfe | rring funds to your che | cking |
| COVERED TRANSA purchases, and elec | TION: The following transactions will be covered by this service: ACH deronic transactions. | ebits, A | TM with | ndrawals, checks, debit | card |
| | S TRANSFER: We will make all transfers in increments of \$1.00. This transfence in the debited account below any minimum balance requirement for that | | | sed even though the tra | nsfer |
| protection account overdraft item may | will be charged to your checking account per daily savings overdraft protes) does not have sufficient funds to cover the overdraft, the transfer will be paid due to insufficient funds. Items not covered by the transfer amous standard Non-Sufficient Funds (NSF) fee for each item as disclosed in the | oring yo unt may | ur savin be paid | gs account to zero, and or returned at our discr | d the |
| Authorization needs may terminate this when mailed or deli | TERMINATION: This Agreement may be modified and/or terminated at any to be amended because of a change in State or Federal law, the change shall authorization by giving you written notice at the address you have provided ered to us. Notice to any one of you is notice to all of you. Your continued the changes. You may terminate this Agreement at any time by providing writing the changes. | be effe us. Any use of t | ctive im notice his Serv | mediately without notice will be effective immedi ice after a notice consti | e. We iately |
| | DEPOSITOR INFORMATION & AUTHORIZATION | | | | |
| The Commercial & | uthorize my checking and savings account, listed previously, to be linked for Savings Bank to debit my savings account and to transfer funds to the \$5.00 will be charged to my checking account for each daily savings overdra | checkin | g accou | int to cover overdrafts. | |
| Customer Signature | | Date: | | | |
| Customer Name: | • | - 410. | <u> </u> | | |

Cancellation ☐ Please CANCEL my savings overdraft protection service on my checking account listed previously. Please sign and date below. **Customer Signature:** Date: **Customer Name:**

SynergyPath: Savings Cabinet / Savings ODP Form



