

SAVINGS ACCOUNT OVERDRAFT PROTECTION AGREEMENT

(Not available for Passbook Savings Accounts)

Customer Information

Customer Name:		DATE:	
Address:		CIF #:	
		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, and electronic transactions.

INSUFFICIENT FUNDS TRANSFER: We will make all transfers in increments of \$1.00. 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.

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 account(s) does 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.

DEPOSITOR INFORMATION & AUTHORIZATION

By signing below, I authorize my checking and savings account, listed previously, to be linked for Savings Overdraft Protection. I authorize The Commercial & Savings Bank to debit my savings account and to transfer funds to the checking account to cover overdrafts. I understand a fee of \$5.00 will be charged to my checking account for each daily savings overdraft protection transfer.

Customer Signature:		Date:	
Customer Name:			

Cancellation

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

Customer Signature:		Date:	
Customer Name:			

