
Account Number

Name

The undersigned hereby requests and authorizes Security Savings Bank to utilize account number _____ as an overdraft protection source for checking account number _____. I/We have read and understand the following guidelines.

- 1 \$15.00 enrollment fee, \$15.00 annual fee (waived for RoundUp Checking/Savings accounts).
- 2 Minimum transfer amount is \$50.00.
- 3 \$5.00 charge applies to each transfer made.
- 4 No more than six overdraft protection transfer days can occur in one month when the source of overdraft protection is a savings account or a money market account, in accordance with Regulation D of the Federal Reserve Bank. Security Savings Bank reserves the right to refuse to honor transfers in excess of six in the noted time period, and to institute standard overdraft fees.
- 5 A minimum of \$200.00 should remain in the Overdraft Protection Account.
- 6 A notice will be sent each time an overdraft protection transfer occurs.
- 7 By enrolling in overdraft protection services, you “opt in” to participate in overdraft protection services for debit card purchases and ATM withdrawals. Any purchase made with your debit card or any withdrawal requested at an ATM which exceeds the balance of your account will be approved based on funds being available in your overdraft protection account. When necessary, a transfer will be made from the overdraft protection account to fund the debit card purchase and/or ATM withdrawal, and the overdraft protection transfer fee may apply.

Signed: _____ Date: _____

