

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 If the source account does not have sufficient funds to cover the overdraft, standard overdraft fees will be charged against the checking account. Please refer to the Service Charges brochure for the current overdraft fee.
- 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: _____

