Overdraft Protection – Transfer from Savings Agreement

ACTION (Check One)

□ New □ Change □ Remove

Please set up the following savings accounts for fund transfers when my checking account becomes overdrawn. (You must be an owner or joint owner on all accounts indicated.)

	Account Suffix
□ Master Savings Account	00
□ Savings Sub-Account	_____

I hereby request Overdraft Protection by transferring funds from my savings account(s). I agree to the terms, including a per transfer charge. I understand that transfers are made in increments of $100.00. For example, I understand that if there are not sufficient funds in my account to cover three items presented for $153.00, a transfer of $200.00 will be automatically made from the designated account and that a $7.50 transfer charge will be made.

If there are insufficient amounts to cover any item (s) presented, the Credit Union may return the item(s) unpaid.

Name: _____

Account Number _____

_____ _____

Signature Date

Mail or Fax to: Unilever Federal Credit Union
800 Sylvan Avenue
Englewood Cliffs NJ 07632
Mail code A-71
Fax (201) 871-8046

For Office Use Only:
Received By: Via: □ Mail □ Fax □ In person
Date: