

**OVERDRAFT PROTECTION TRANSFER AGREEMENT
GOODFIELD STATE BANK**

Customer: (print or type) _____ Checking Account Number(s): _____

The words, "I," "me," and "my" refer to the person signing below as Customer. The words "you" and "your" mean Goodfield State Bank.

1. **Authorization to Transfer to Cover Overdraft.** I authorize you to make a transfer to cover any overdrafts on any of the checking accounts listed above.
2. **Transfer from Credit Line or Deposit Account.** You may obtain the funds to cover the overdraft by making an advance under any one or more of these credit lines:

Credit Line Number: _____ Name on the Loan: _____,

and/or withdrawing funds from any one or more of the following deposit accounts:

Account Number: _____ Type of Deposit Account: _____

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3. **Transfer at Your Discretion.** If more than one credit line and/or deposit account are listed, you can decide from which credit line or deposit account to take the funds. I understand that my limitations on advances or withdrawals contained in my credit line and/or deposit account agreements will also apply to this overdraft protection (ODP) transfer authorization. If there are insufficient funds available through these credit lines and/or deposit accounts to cover my overdraft, you may return the item(s) causing the overdraft. If you do, you may charge me the returned item fee currently advertised on your *Fee Schedule*.
4. **Minimum transfer amounts.** For advances from credit lines, the minimum is \$1,000.00 and in \$1,000.00 increments above that. For automatic transfers from a regular savings or another checking account, the minimum amount is \$10.00 and then in \$10.00 increments.
Note: Regular savings and money market accounts ("non-transaction accounts") are limited to six (6) overdraft protection transfers per month. Repeated violations to this will result in the account being reclassified to a checking account ("transaction account"). This may cause your account to revert to non-interest-bearing status.
5. **Fees that may be imposed.** I understand that I will only be assessed an ODP fee when the service must be used, and to obtain that fee amount, I should refer to your most current fee schedule. The fee will be assessed to the checking account that is being covered by the transfer (i.e. A \$20.00 transfer from savings to cover a checking overdraft will result in a fee charged to the checking account.).
6. **Error resolution.** I should refer to your *Rules and Regulations Guide*. I understand that if you transfer funds between my accounts in error, and I do not report it to you in the time allotted in the Guide, you are under no obligation to correct the error or refund the transfer charge.

By signing below, I agree to the terms above and acknowledge receiving copies of this ODP Agreement and your current *Fee Schedule*.

Customer Signature: _____ Today's Date: _____

Revoking the ODP Transfer Agreement. Effective on _____, the ODP Transfer Agreement should be terminated, evidenced by my signature below. Any fees incurred after that date will be refunded in their entirety.

Customer Signature: _____ Today's Date: _____