



Community Guaranty Savings Bank

Post Office Box 996
28 South Main Street
Plymouth, New Hampshire 03264

Post Office Box 690
Tower Road
Campton, New Hampshire 03223

Overdraft Protection Transfer Agreement

In this Authorization, the word “we” means Community Guaranty Savings Bank and the words “you”, or “I” mean the depositor - account holder who authorizes the agreement.

I want overdraft protection on my Account:

Name _____

Number (recipient checking a/c) _____

Although we are under no obligation to cover overdrafts that exceed the fully paid and collected balance in your account, this Agreement provides that we may cover such overdrafts by transfer. We may make transfers on the following basis:

Insufficient Funds Transfer

You authorize us to charge Account:

Number (donor a/c) _____

Type Statement Savings or Other Checking
(please circle one)

and to transfer and deposit funds into your account to cover each overdraft on the account. We will make all transfers in multiples of \$25.00. If funds are not available in the donor account normal NSF handling charges will apply. We may pay the overdraft if the item presented was authorized by you or any other person entitled to make withdrawals on the recipient account. We charge \$5.00 each transfer. A notice will be mailed to you indicating the dollar amount and date of the overdraft protection transfer, so that you can record the transaction and fee in your checking account register.

Signature: _____

Date: _____

To qualify for Overdraft Protection Transfer you must be the owner of both accounts, or if a business, the accounts must be titled the same.