



# Automatic Transfer Authorization

Affiliated Account Overdraft Sweep Service

Date: \_\_\_\_\_

Account Holder(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In this authorization, the words "we", "our", or "us" mean First State Bank of Bedias and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

### FROM DEBITED ACCOUNT:

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_

Type:  Savings  Checking  NOW  \_\_\_\_\_

### TO CREDITED ACCOUNT:

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_

Type:  Savings  Checking  NOW  
 Club Acct.  Safe Deposit Fee  \_\_\_\_\_

### TRANSFER BASIS

We will make transfers on the following basis:

**PERIODIC TRANSFERS**

Amount to be transferred \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**MAINTENANCE TRANSFER OF FUNDS**

You authorize us to charge your Debited Account when the account balance of your Credited Account falls below a minimum of \$ \_\_\_\_\_ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credited Account balance to equal or exceed the minimum balance (if any).

You authorize us to charge your Debited Account  in multiples of \$ \_\_\_\_\_ or  as needed to remain above the listed balance.

**INSUFFICIENT FUNDS TRANSFER**

You authorize us to charge your Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account.

You authorize us to charge your Debited Account  in multiples of \$ \_\_\_\_\_ or  as needed to cover each overdrawing item.

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day after the scheduled transfer date.

You authorize us to charge the Debited Account or Account #: \_\_\_\_\_, for the annual Overdraft Sweep Protection fee. If no account is listed, the Debited Account above will be debited.

By signing below, the undersigned agree(s) to all the terms and conditions of this Authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TERMINATION OF THIS AGREEMENT

Any one of you may cancel this agreement by giving us written notice or by completing this section and returning it to a FSBB location.

I wish to cancel the Automatic Transfer indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FSBB Use Only:

Request Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_ Maintenance By: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERALLY** – The accounts listed on page one are covered by their individual terms and conditions, unless modified by this Authorization. IF a transfer is made from a savings account, we reserve the right to require not less than 7 days written notice of withdrawal.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your checks or drafts unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance in the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check or draft presented which results from any charge made or refused to be made by us under this Authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

**AMENDMENTS AND TERMINATION** – We will give you reasonable notice when we amend this Authorization. If this Authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. If no termination date is specified on page one, this Authorization will remain in effect until terminated by any one of you. We may terminate this Authorization by giving you written notice at the address stated on page one. Any notice will be effective immediately when mailed or delivered by us. Notice to anyone of you is notice to all of you.