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Account number \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Time received \_\_\_\_\_

Approved by \_\_\_\_\_

## Business Member Overdraft Transfer Plan Request and Designation

Please complete the appropriate section of the form then print and deliver it to a CEFCU Member Center or mail to CEFCU Business Services, 7900 N. University St., Peoria, IL 61615

### Request for Overdraft Transfer Plan

On behalf of the Business named below (the "Business"), I request that CEFCU® honor transactions that would overdraw the Business' CEFCU Business Checking account, including ATM withdrawals and debit card transactions, by initiating a transfer of the necessary funds from one or more of the Business' deposit and/or credit accounts at CEFCU designated below.

I understand that I may designate up to four of the Business' accounts listed below, and if I designate more than one account, I must designate the order in which those accounts are to be accessed by choosing 1st, 2nd, 3rd, and 4th where appropriate in the drop-down menus below.

- Business Savings      Suffix 000      Business Credit      Card Suffix \_\_\_\_\_
- Insured Money Market Account      Business Credit      Card Suffix \_\_\_\_\_
- Business Line of Credit

I agree that all transfers are subject to the terms, conditions, limitations and fees in, and will be made in the minimum increments set forth in the Business' CEFCU Business Services Deposit Account Agreement, CEFCU Business MasterCard® Cardholder Agreement and/or Business Line of Credit Promissory Note, Business Loan Agreement, and Commercial Security Agreement and/or this form, as applicable, and any additional terms, conditions, and limitations set forth herein. If funds are not available in the accounts designated, I understand CEFCU may pay or return items in its discretion and the Business will be charged the applicable overdraft fees.

If I have designated the Business' Business Credit Card account(s) to be accessed, I acknowledge that anyone who is authorized to make withdrawals from the Business' Business Checking account may access the Business Credit Card account(s) through the overdraft transfer plan hereby requested and that that person will be an authorized user on the Business' Business Credit Card account(s).

If I have designated the Business' Business Line of Credit to be accessed, I acknowledge and agree that the overdraft checking feature hereby requested is for use in obtaining credit under the terms of the Business Line of Credit Promissory Note, Business Loan Agreement, and Commercial Security Agreement and any additional terms, conditions and limitations set forth herein; and that transfers from the Business Line of Credit will be in increments of \$200 or the maximum available line of credit if less than \$200.

I acknowledge that by signing below I am requesting the overdraft transfer plan above for the Business; that this request is subject to CEFCU's approval; and, that once this request has been approved by CEFCU, the overdraft transfer plan may be changed only by providing CEFCU with a new completed, signed Business Overdraft Transfer Plan Request and Designation or terminated by providing CEFCU with a completed, signed Request to Terminate Overdraft Transfer Plan form below.

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer Name \_\_\_\_\_ Account No. \_\_\_\_\_

Business Owner/Officer Signature \_\_\_\_\_

### Request to Terminate Overdraft Transfer Plan

I acknowledge that by signing below, I am requesting that the overdraft transfer plan on the Business' CEFCU Business Checking account be terminated. I acknowledge that on and after the date this request is received by CEFCU, CEFCU will no longer honor transactions that would overdraw the Business' CEFCU Business Checking account under the overdraft transfer plan.

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer Name \_\_\_\_\_ Account No. \_\_\_\_\_

Business Owner/Officer Signature \_\_\_\_\_