



Not a bank. Better.®

ACCOUNT NUMBER

FOR OFFICE USE ONLY	
Date Received	Time Received
Approved by	

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 Card Operations Department, P.O. Box 1715, Peoria, IL 61656.

REQUEST FOR OVERDRAFT TRANSFER PLAN

I request that CEFCU honor transactions that would overdraw my CEFCU Checking account, including ATM withdrawals and Debit card transactions, by initiating a transfer of the necessary funds from one or more of my deposit and/or credit accounts at CEFCU designated below.

I understand that I may designate up to four of the 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 menus below.

- | | |
|----------------------------------------------|------------------------------------------------|
| _____ Savings Suffix <u>000</u> | _____ CEFCU Credit Mastercard® Suffix _____ |
| _____ Insured Money Market Account (IMMA) | _____ CEFCU Credit Mastercard Suffix _____ |
| _____ Easy Access or UNI NOTE Line of Credit | _____ CEFCU Credit Mastercard Suffix _____ |
| | _____ CEFCU Credit Mastercard Suffix _____ |

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, my CEFCU Deposit Account Agreement, my CEFCU Mastercard, CEFCU Rewards Mastercard, and CEFCU World Mastercard Cardholder Agreement and/or my Easy Access Agreement or UNI NOTE Credit and Security Agreement, 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 I will be charged the applicable overdraft fees.

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

If I have designated my Easy Access or UNI NOTE Line of Credit to be accessed, I acknowledge that the overdraft checking feature hereby requested is for use in obtaining credit under the terms of the Easy Access or UNI NOTE Line of Credit previously disclosed.

I acknowledge that by signing below I am requesting the overdraft transfer plan above; 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 Overdraft Transfer Plan Request and Designation or terminated by providing CEFCU with a completed, signed Request to Terminate Overdraft Transfer Plan form below.

Account Number _____ Date _____

Primary Name _____

Primary Signature _____

REQUEST TO TERMINATE OVERDRAFT TRANSFER PLAN

I acknowledge that by signing below, I am requesting that the overdraft transfer plan on my CEFCU 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 my CEFCU Checking account under the overdraft transfer plan.

Account Number _____ Date _____

Primary Name _____

Primary Signature _____