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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 or Dividend Checking account by initiating a transfer of the necessary funds from my deposit and/or credit accounts at CEFCU designated below.

I understand that I may designate up to four of my deposit and/or credit accounts at CEFCU listed below, and if I designate more than one account, I must designate the order in which those accounts are to be accessed by inserting 1st, 2nd, 3rd, and 4th where appropriate on the lines below. For example, if I want my Savings account to be accessed first and my CEFCU Credit Mastercard® to be accessed second, I must insert 1st on the line preceding Savings and insert 2nd on the line preceding the CEFCU Credit Mastercard I wish to designate, and I must insert the Suffix for that CEFCU Credit Mastercard 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 under the Overdraft Transfer Plan 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 Credit Mastercard, CEFCU Cash Back Credit Mastercard, CEFCU Rewards Credit Mastercard, and CEFCU World Credit 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 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 or Dividend 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 and that anyone who is authorized to make withdrawals from my Checking or Dividend Checking account may access my Easy Access or UNI NOTE Line of Credit.

By signing below, I acknowledge that I am requesting the Overdraft Transfer Plan above and that this request is subject to CEFCU's approval. Once this request has been approved by CEFCU, I acknowledge that I may request that CEFCU approve a change to the accounts I have designated under the Overdraft Transfer Plan or the order in which those accounts are to be accessed only by providing CEFCU with a new, completed Overdraft Transfer Plan Request and Designation; and I may request that CEFCU approve termination of the Overdraft Transfer Plan by providing CEFCU with a completed Request to Terminate Overdraft Transfer Plan form below.

Checking Account Number _____ Date _____

Primary Name _____

Primary Signature _____

REQUEST TO TERMINATE OVERDRAFT TRANSFER PLAN

By signing below, I acknowledge I am requesting that the Overdraft Transfer Plan on my CEFCU Checking or Dividend Checking account be terminated. I acknowledge that after this request is approved by CEFCU, CEFCU will no longer honor transactions that would overdraw my CEFCU Checking or Dividend Checking account under the Overdraft Transfer Plan.

Checking Account Number _____ Date _____

Primary Name _____

Primary Signature _____