



Overdraft Protection Authorization
FORWARD TO BOOKKEEPING

Authorization Agreement

I hereby authorize Citizens Bank of West Virginia to transfer funds from my reserve account (identified below) to the designated checking account to cover insufficient funds/overdrafts. By choosing to use this overdraft protection service, I authorize an automatic transfer to be initiated when my balance falls below \$1.00 and agree to pay the nominal fee for the use of this service.

Account Information

Name: _____

Customer Port Number: _____

Checking Account Number: _____

Reserve Account Type: Checking Savings Line of Credit

Reserve Account Number: _____

Responsibility Code:

Customer Signature

Authorized Signature

Date

Sweep Number: _____

Accepted by: _____

Input by: _____ Date: _____

Reviewed by: _____ Date: _____