



AGREEMENT FOR CHECKING OVERDRAFT PROTECTION FROM SAVINGS ACCOUNT

Checking Account: _____

Overdraft Savings Account: _____

Overdraft Savings Account: _____

Overdraft Savings Account: _____

The undersigned Member agrees that their Rockland Federal Credit Union Savings Account(s) noted above shall be used in connection with the Member’s Checking Account noted above for overdraft protection purposes. Checking Account and Savings Account owners/signers must be the same.

Please note: excluded account types for overdraft protection; secondary checking account, passbook savings, club accounts, share certificates, UTMA savings accounts, High Yield Reward Savings and Money Market accounts.

When the checking account does not have sufficient “Available Account Balance” to pay (cover) a transaction presented (check, Automated Clearing House (ACH), Point of Sale/Automated Teller Machine (POS/ATM), or debit card transactions), the Credit Union shall have the right, with this signed agreement without notice to the Member, to automatically transfer funds from the above listed Overdraft Savings Account(s) provided there are sufficient funds available to cover the full amount of the overdraft transaction. The amount transferred will not exceed the available account balance in the Overdraft Savings Account(s). A fee will not be charged for this overdraft option.

If at any time, a transaction presented for payment on the Checking Account exceeds both the combined Available Account Balances in the Checking Account and Overdraft Savings Account(s), a transfer will not be made. This may result in a Non-Sufficient Funds fee. Please see Overdraft Options and Overdraft Service Agreement, Member Service Disclosure fee schedule and our disclosure Important Account Information for our Members- Understanding and Avoiding Overdraft and Non-Sufficient Funds (NSF) Fees for additional information.

The Member hereby agrees to the terms, rules and regulations governing Checking Accounts and Savings Accounts with the Rockland Federal Credit Union as they are now or thereafter may be altered or amended.

Member’s Name _____
(Please print)

Date: _____

Member Signature: _____

RFCU Witness: _____