



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 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 three 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, and 3rd where appropriate on the lines below. For example, if I want my Savings account to be accessed first and my CEFCU Insured Money Market Account to be accessed second, I must insert 1st on the line preceding Savings and insert 2nd on the line preceding the CEFCU Insured Money Market Account I wish to designate.

_____ Savings Suffix 000

_____ Insured Money Market Account (IMMA)

_____ Easy Access or UNI NOTE Line of Credit

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 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 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 _____