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ACCOUNT NUMBER

**FOR OFFICE USE ONLY**

Date Received

Time Received

Approved by

## Business Member 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 Business Services, 7900 N. University St., Peoria, IL 61615.

### REQUEST FOR OVERDRAFT TRANSFER PLAN

On behalf of the Business named below (the "Business"), I request that CEFCU honor transactions that would overdraw the Business' CEFCU Business Checking account by initiating a transfer of the necessary funds from the Business' deposit and/or credit accounts at CEFCU designated below.

I understand that I may designate up to three of the Business' 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 the Business wants its Business Savings account to be accessed first and its Business Insured Money Market Account to be accessed second, I must insert 1st on the line preceding Business Savings and insert 2nd on the line preceding the Business Insured Money Market Account the Business wishes to designate.

\_\_\_\_\_ Business Savings      Suffix 000

\_\_\_\_\_ Insured Money Market Account (IMMA)

\_\_\_\_\_ Business 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, the Business' CEFCU Business Services Deposit Account Agreement, Business Line of Credit Promissory Note, Business Loan Agreement, and Commercial Security Agreement and/or this form, as applicable, and any additional terms, conditions, and limitations set forth herein.

If I have designated the Business' Business Line of Credit to be accessed, I acknowledge and agree that the overdraft checking feature hereby requested is for use in obtaining credit under the terms of the Business Line of Credit Promissory Note, Business Loan Agreement, and Commercial Security Agreement and any additional terms, conditions and limitations set forth herein and that anyone who is authorized to make withdrawals from the Business' CEFCU Business Checking account may access the Business' Business Line of Credit.

By signing below, I acknowledge that I am requesting the Overdraft Transfer Plan above for the Business and that this request is subject to CEFCU's approval. Once this request has been approved by CEFCU, I acknowledge that the Business may request that CEFCU approve a change to the accounts the Business has 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 Business Overdraft Transfer Plan Request and Designation; and the Business 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.

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer Name \_\_\_\_\_ Business Checking Account No. \_\_\_\_\_

Business Owner/Officer Signature \_\_\_\_\_

### REQUEST TO TERMINATE OVERDRAFT TRANSFER PLAN

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

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer Name \_\_\_\_\_ Business Checking Account No. \_\_\_\_\_

Business Owner/Officer Signature \_\_\_\_\_