

OVERDRAFT TRANSFER PREAUTHORIZATION

Account Owner:

Financial Institution: Community Credit Union  
20 First Street North  
New Rockford ND 58356

---

Account Transfer From:

Account to Transfer To:

AGREEMENT

I/We hereby authorize you to make the transfer(s) indicated above until further notice from me/us. If this agreement changes any prior authorization between you and me/us, the prior authorization is hereby cancelled, and I/we instruct you to follow this authorization. I/We further acknowledge I/We can call you to find out whether or not the transfer has been made. I/We understand that it is my/our responsibility to have sufficient funds available in my/our account on the transfer date(s) in order for you to make the automatic payment(s). I/We acknowledge that if sufficient funds are not available in my/our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I/We further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional dividends if this authorization is for automatic loan payment(s).

This agreement is dated \_\_\_\_\_.

Account Owner:

X \_\_\_\_\_  
Authorized Signer

X \_\_\_\_\_  
Authorized Signer