

INSTRUCTIONS

Complete this form if you want an account to be automatically credited by another account if balance is unable to pay incoming item(s). Once completed, return to any Citizens Bank of Edmond location, or mail it to P.O. Box 30 Edmond, Oklahoma 73034, or fax to the Account Services Department at 405-359-2637.

CUSTOMER INFORMATION

Customer Name: _____

To Checking Account # (Primary): _____

From Account # (Secondary): _____

 Special Instructions: _____

NOTICE FOR TRANSFERS MADE FROM SAVINGS/MONEY MARKET ACCOUNTS:

Withdrawals from a savings or money market account by check, debit card, or similar order to third parties and/or transfers to another account or third parties by preauthorized, automatic, telephone, or computer are federally regulated and limited to six (6) per statement cycle and are subject to an overdraft protection service charge and/or transaction(s) withdrawal charge. Subsequent NSF items are subject to regular NSF charges and may be paid or returned at the Bank's discretion.

I hereby give authorization to Citizens Bank of Edmond to make regular transfers from my account to cover NSF items.

ACKNOWLEDGEMENT

Customer Signature: _____ Date: _____

EMPLOYEE USE ONLY

 Original Notification Received: In person Verbal

Employee Name: _____ Date: _____

Please forward form to Account Services upon completion.

ACCOUNT SERVICES USE ONLY

Added/Changed by: _____ Date: _____