

AUTOMATIC TRANSFER AUTHORIZATION

Account
Holder:

Financial Institution: Cattaraugus County Bank
Little Valley
120 Main St.
Little Valley, NY 14755

TRANSFER FROM

Account Type: _____
Account Number: _____
Type of Transfer: **Cover Overdraft Balances**
Transfer: _____
Amount: _____

TRANSFER TO

Account Type: _____
Account Number: _____

INSTRUCTIONS

Beginning Date: **01-23-2019**
Frequency: **Per Occurrence**
Limitations: _____
Fees: **\$10.00 per transfer**
Special Instructions or Provisions: _____

AUTHORIZATION

If I do not have enough funds in account number _____ to pay items presented against that account, I authorize the Financial Institution to automatically transfer funds in the amount set forth above from account number _____ and deposit the transferred funds into account number _____ to cover any amounts overdrawn. The Financial Institution may continue to make such transfers to cover overdrafts until I notify the Financial Institution in writing to stop. I am an authorized signer on each account listed above. My signature satisfies the minimum number of signatures necessary for withdrawal requirement regarding account number _____. This agreement is subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure. The Financial Institution (at their complete discretion) may make one transfer to cover each overdraft or one transfer to cover a number of overdrafts during the same day. If this authorization changes any prior authorization, the prior authorization is cancelled and I instruct the Financial Institution to follow this authorization. I acknowledge that if there are not enough available funds in account number _____ to cover the amount(s) overdrawn (or incremental transfer amount, if applicable), then the transfer may not be made and the Financial Institution may treat the item as a nonsufficient funds (NSF) item and process it as such. I understand the Financial Institution does not need to notify me of automatic transfers. I understand that I can call the Financial Institution to find out whether or not a transfer has been made. I understand that I am responsible for the disclosed fees regarding this transfer service. I further acknowledge that the Financial Institution will not be liable for any fees, late charges, penalties, additional interest, or any other charge or amount related to items returned because of insufficient funds. The Financial Institution shall not be responsible if an automatic transfer is not made.

ACCOUNT HOLDER:

X _____
Authorized Signer Date