

ADD OR REMOVE OVERDRAFT PROTECTION

The undersigned hereby requests and authorizes Cattaraugus County Bank to charge my/our **DDA/SAV** account no. _____ when my/our checking account balance falls below a minimum of **\$0** and transfer and deposit these funds in my/our checking account no. _____. The amount which can be charged and so transferred shall equal the amount necessary to cause said checking account balance to equal or exceed said minimum balance. Because of the convenience this service affords, I/we also authorize the Bank to charge my/our checking account **\$5.00** for each transfer.

In addition, I/we agree to maintain a sufficient balance in my/our **DDA/SAV** account to cover the transfers requested by the above authorization. If the balance in my/our **DDA/SAV** accounts are insufficient to cover the transfers authorized, the Bank may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations of the Bank governing savings and checking accounts, including returning the undersigned's checks unpaid and closing the undersigned's checking and savings accounts by mailing a proper notice to the undersigned with a check equal to the balance in such accounts.

The undersigned also agrees to abide by the rules and regulations of the Bank governing checking and savings accounts. **IN PARTICULAR, AS WITH ALL SAVINGS ACCOUNTS, THE UNDERSIGNED AGAIN ACKNOWLEDGES IN THIS AUTHORIZATION THAT THE BANK RESERVES THE RIGHT TO REQUIRE THE UNDERSIGNED TO GIVE NOTICE IN WRITING OF AN INTENDED WITHDRAWAL FROM THE ABOVE-REFERENCED SAVINGS ACCOUNT NOT LESS THAN 7 DAYS BEFORE SUCH WITHDRAWAL IS MADE.**

Upon 30 days written notice to the undersigned, the Bank may amend this authorization in any respect (including without limitation the Fee for this service). Such notice shall be properly given when enclosed with the undersigned's checking account statement. If this authorization need to be amended because of a change in State or Federal Regulations, the change shall be effective immediately without notice.

The Bank or any one of the undersigned may cancel this authorization upon written notice to the appropriate party. Such notice shall be effective immediately when mailed or delivered by the Bank and, when given by any one of the undersigned, it shall be effective the next business day following receipt thereof by the Bank.

Other instructions or comments _____

By signing below, the undersigned hereby acknowledge receipt of a copy of this agreement.

Date _____ Signature 1 _____

Date _____ Signature 2 _____

TO REMOVE OVERDRAFT PROTECTION

Effective _____ the undersigned hereby cancels this Automatic Transfer.

Signed: _____

BY SIGNING THIS FORM YOU HAVE AUTHORIZED A CCB REPRESENTATIVE TO MAKE THE CHANGES INDICATED TO THE ACCOUNTS LISTED

BANK USE ONLY		
_____ PORT NUMBER		
PREPARED BY _____	INPUT BY _____	REVIEWED BY _____
DATE _____	DATE _____	DATE _____