



Overdraft Transfer Authorization Form

Customer Information	
Name	Today's Date
Address	City, State, Zip
Daytime Phone	Email
Transfer Information	
Overdraft Transfer <u>FROM</u> Account Type:	Overdraft Transfer <u>TO</u> Account Type:
<input type="checkbox"/> Statement Savings <input type="checkbox"/> Gateway Money Market <input type="checkbox"/> Small Business Statement Savings <input type="checkbox"/> Gateway Commercial Money Market	<input type="checkbox"/> Gateway FREEdom Checking <input type="checkbox"/> Gateway SuperSaver Checking <input type="checkbox"/> Gateway Rewards Checking <input type="checkbox"/> Small Business Free Checking <input type="checkbox"/> Gateway Commercial Checking <input type="checkbox"/> Small Business Interest Checking
Transfer FROM Acct. No.: _____	Transfer TO Acct. No.: _____
NOTE: For the purposes of Overdraft Transfer, you may not link a savings/money market account to more than one checking account at a time.	
Order of Overdraft Protection	
If you have both Overdraft Transfer and an Overdraft Line of Credit, which would you like us to advance FIRST to cover overdrafts? <i>Note: Overdrafts will be covered using the method you specify first. When the available balance is exhausted, overdrafts will be covered using the secondary method.</i>	
<input type="checkbox"/> Overdraft Transfer	<input type="checkbox"/> Overdraft Line of Credit
Account Owners' Authorization	
I hereby authorize Millbury Savings Bank to transfer money from and/or to my account(s) as specified above to cover any overdrafts. I understand this authorization will remain in effect until I direct Millbury Savings Bank otherwise.	
I understand that federal regulations limit certain types of withdrawals or transfers from savings accounts and money markets to 6 per statement cycle, and that Overdraft Transfers count toward this limit.	
_____	_____
Account owner's signature	Date
BANK USE ONLY	
Processed by: _____	Date: _____
Verified by: _____	Date: _____