

Overdraft Sweep Coverage



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OWNER INFORMATION

1

Owner 1 Name _____

Owner 2 Name _____

ACCOUNT INFORMATION

2

TO

Checking Account Number _____

Suffix _____

FROM

Account Number **1** _____

Suffix _____

Account Number **2** _____

Suffix _____

Account Number **3** _____

Suffix _____

ABOUT OVERDRAFT SWEEP COVERAGE

3

An overdraft occurs when you do not have enough money in your checking account to cover a check or Electronic Funds Transfer (EFT) transaction. We agree to provide this service to you and will pay your checks or EFTs drawn on your account with insufficient funds by transferring funds (sweep) from another account to your checking account, and charge you a fee as stated in the Rate and Fee disclosures. The exact dollar amount of funds needed to pay a check or EFT transaction, will be transferred from the account(s) listed above using the funds available in those accounts. Transfers from your account(s) to your checking account are covered by the Member Service Agreement Part 2 and our Electronic Funds Transfer disclosures (which are also provided in the Member Service Agreement Part 2). You agree that we may apply funds deposited to your account(s) to your outstanding overdrafts and fees, regardless of the source, which specifically includes directly deposited government entitlements or benefits such as social security deposits.

NOTICE FOR TRANSFERS MADE FROM SAVINGS OR HIGH YIELD ACCOUNTS

4

No more than six (6) preauthorized, automatic or telephone transfers may be made from these accounts to another account of yours or to a third party in any month. If you exceed these limitations your account may be subject to a fee or be closed.

I hereby give authorization to OneUnited Federal Credit Union to allow transfers from the above listed account(s) to cover Non-Sufficient Funds (NSF) items.

Owner 1 Signature _____

Date _____

Owner 2 Signature _____

Date _____

**OFFICE
USE
ONLY**

Emp. Initials (Added) _____

Date Added _____

Emp. Initials (Confirmed) _____

Date Confirmed _____

Emp. Initials (Approved) _____

Date Approved _____

5