



Transfer Overdraft Protection Authorization

Date:

Donor Account - Transfer From Account #:

Checking Account - Transfer to Account #:

I/we hereby authorize Bank of New Hampshire as agent to transfer funds from the above-named Donor Account to the above-named Checking Account any time the account becomes overdrawn. The amount to be transferred will be the exact sum needed to cover the overdraft(s) for the transfer, or equal to the available balance in the Donor Account. I/we understand if the available balance in the Donor Account is not sufficient to cover the overdraft balance and appropriate fees, Discretionary Overdraft Privilege (if applicable to the account type) may be used if the owner of the Checking Account has opted in. A donor account cannot have Discretionary Overdraft Privilege.

My/our signature(s) below authorize Bank of New Hampshire to make transfers to cover overdrafts in the Checking Account referenced above. I understand and agree not to hold Bank of New Hampshire responsible for any refusal or failure to make a transfer. I/we further agree that every transfer of funds shall be at the sole risk of the undersigned.

I/we may, at any time, terminate this authorization for Transfer Overdraft Protection by giving written notice to Bank of New Hampshire. I/we also understand that Bank of New Hampshire has the right to terminate my Transfer Overdraft Protection privileges at any time.

Signature_____

Signature_____

Customer Name

Customer Name

Written Notice to Revoke Transfer Overdraft Protection Authorization

The above authorization, dated _____, is hereby revoked effective _____.

Signature_____

Signature _____

Print Customer Name

Print Customer Name

BNH Representative_____

Date of Receipt _____

Bank Use Only

Prestige Checking? Yes No

Business Checking? Yes No

BNH Employee

Office

Date