



## Overdraft Protection Enrollment Form

**Member Number:** \_\_\_\_\_ **Member Name:** \_\_\_\_\_

**From Account:** \_\_\_\_\_ **To Account:** \_\_\_\_\_

**By signing below, I acknowledge that I am requesting to enroll in the Riverview Automatic Overdraft Protection service and that I have read and agree to the terms and conditions of this service.**

**Acct Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By enrolling in the Riverview Automatic Overdraft Protection serve, you authorize Riverview to transfer any available funds from the account listed above to pay overdrafts that may occur the account listed above. You further agree and understand that (i) this service is intended to be used solely to safeguard accounts and avoid overdraft fees in the event of a bookkeeping error; (ii) overdraft transfers from a savings account are subject to the federally-mandated six-transaction per month limitation imposed on Share/Savings accounts and corresponding Excessive Transaction Fee stated in the Schedule of Fees and Charges; (iii) my account will be assessed \$5.00 for each transfer processed and more than one transfer may occur on any given business day; and (iv) Riverview may terminate my enrollment in this service at their discretion should my participation causes repeated violations of the federally-mandated transaction limitation.

**Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_