

Account Holder(s): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

In this authorization, the words “we”, “our”, or “us” mean United Bank and the words “you” or “your” mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

FROM DEBITED ACCOUNT:

Account Title: _____ Account Number: _____

Account Type: Savings Checking NOW Business LOC* Other: _____

*If your Debited Account is a Business LOC account, please refer to your promissory note for terms and conditions of your loan account.

TO CREDITED ACCOUNT:

Account Title: _____ Account Number: _____

Account Type: Savings Checking NOW Other: _____

AUTHORIZATION:

You authorize us to charge your Debited Account* and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account.

You authorize us to charge your Debited Account* in increments of \$10.00 to cover each overdrawn item.

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day after the scheduled transfer date.

FEES: \$2.00 – This fee will be assessed per transfer.

You authorize us to continue to make such transfers to cover overdrafts until you notify us in writing to stop. You certify that you are an authorized signer on each account listed above and your signature satisfies the minimum number of signatures necessary for withdrawal requirement regarding the accounts listed above. We (at our complete discretion) may make one transfer to cover each overdraft or one transfer to cover a number of overdrafts during the same day. If this authorization changes any prior authorization, you acknowledge that if there are not enough available funds in the Debited Account to cover the amount(s) overdrawn (or incremental transfer amount), then the transfer may not be made and we may treat the item as a nonsufficient funds (NSF) item and process it as such. You understand we do not need to notify you of automatic transfers. You understand that you can call us to find out whether a transfer has been made. You understand that you are responsible for the disclosed fees regarding this Overdraft Sweep Service. You further acknowledge that we will not be liable for any fees, late charges, penalties, additional interest, or any other charge or amount related to items returned because of insufficient funds. We shall not be responsible if an automatic transfer is not made.*If your Debited Account is a Business LOC account, please refer to your promissory note for terms and conditions of your loan account.

By signing below, the undersigned agree(s) to all the terms and conditions of this Authorization.

Signature: _____ Date: _____

Signature: _____ Date: _____

UB Use Only:

Request Received By: _____ Date: _____ Maintenance By: _____ Date: _____