

**First National Bank of Bangor**  
**AGREEMENT FOR OVERDRAFT PROTECTION**

I authorize the bank to transfer funds between my Savings Account and my Checking Account according to this agreement. My accounts to be affected are:

**Savings Account Title**

**Account Number**

\_\_\_\_\_

\_\_\_\_\_

**Checking Account Title**

**Account Number**

\_\_\_\_\_

\_\_\_\_\_

**TRANSFER FROM SAVINGS:** The bank is authorized to transfer funds in multiples of \$100.00 from the savings account to the checking account as often as necessary to maintain a balance in the checking account of not less than zero.

**TIME OF TRANSFER:** The transfer of funds from the savings account to the checking account will be made at the time of presentment for payment of an item.

**REFUSAL TO TRANSFER:** Bank may refuse to make any transfer, which exceeds the balance in the account available for withdrawal under policies of the bank. If there are insufficient funds available in the savings account to make the entire authorized transfer, and to cover the sum of all charges to be made to the checking account the entire available balance in the savings account, and also honor charges to the checking account in the order and to the extent that the bank elects.

**FEES:** I agree to pay a fee for this service according to the fee schedule published by the bank from time to time. The fees will be charged to the checking account.

**UNCOLLECTED FUNDS:** Bank policy is to make funds from your deposits available to you on the first business day after the day we receive your deposit. (Unless the bank has reasonable cause to hold longer, in which case, the bank will notify you in writing.)

**AGENCY:** I agree that any agent now or subsequently appointed to make withdrawals from the checking account will also be authorized to cause transfer from the savings account.

**TERMINATION:** This agreement will terminate and no further transfers will be made when either of the accounts is closed or when the bank has received notice of the death of any account holder and has had reasonable opportunity to act on that information or until 10 days after the date of death. Bank may terminate this agreement at any time by written notice to any one of the depositors effective 10 days after mailing or delivering the notice. Depositor may terminate this agreement at any time by written notice to the bank effective when the bank has received the notice and has had a reasonable opportunity to act on it.

**NOTICES:** Notices from the bank will be mailed to each depositor at their most current designated address appearing on the bank's records.

Date \_\_\_\_\_

\_\_\_\_\_  
**Depositors Signature**

\_\_\_\_\_  
**Depositors Signature**