



## Overdraft Protection Services Enrollment

This form is only required for Overdraft Protection Sweep enrollment **OR** when there are multiple protecting accounts which include a line of credit.

**Primary Owner/Authorized Signer:** \_\_\_\_\_

**Other Owner/Authorized Signer:** \_\_\_\_\_

**Other Owner/Authorized Signer:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

**List the Line of Credit/Savings/Checking Account Number(s) in order of protection priority:**

_____	_____	(0 - Primary Protection Account)
(Line of Credit, Savings, Checking)	(Account Number)	
_____	_____	(1 - First Backup to the Primary Protection Account)
(Line of Credit, Savings, Checking)	(Account Number)	
_____	_____	(2 - Second Backup to the Primary Protection Account)
(Line of Credit, Savings, Checking)	(Account Number)	
_____	_____	(3 - Third Backup to the Primary Protection Account)
(Line of Credit, Savings, Checking)	(Account Number)	
_____	_____	(4 - Fourth Backup to the Primary Protection Account)
(Line of Credit, Savings, Checking)	(Account Number)	

**AUTHORIZATION FOR OVERDRAFT PROTECTION:**

As a convenience to me (us), I (we) hereby authorize and direct Eastern Savings Bank, fsb ("ESB"), as my (our) agent, to transfer funds to the checking account indicated above from my (our) line of credit, savings, and/or additional checking account(s) ("sweeps account(s)") indicated above to satisfy any negative available amount (including transfer fees - see current Banking Services and Fees Schedule) in said checking account.

I (we) understand that the purpose of this arrangement is to protect my (our) checking account from overdraft situations. If sufficient and available funds are not available in the account(s) designated, checks and electronic payments presented to ESB for payment will be returned and my (our) account will be charged the customary NSF fee (see current Banking Services and Fees Shedule).

It is understood that, pursuant to such transfers, funds are to be transferred only to the above-specified account which the undersigned hereby represent(s) as having unconditional withdrawal or access rights. The undersigned shall have sole responsibility for maintaining such ownership and withdrawal or access rights in such accounts and agree(s) not to hold ESB responsible for any refusal or failure to make a transfer pursuant to this instruction. I (we) further agree that every such transfer of funds shall be at the sole risk of the undersigned until such time as this written authorization to make such transfers is revoked by me (us) in writing and delivered to ESB.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of Customer/Authorized Signer)*

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of Customer/Authorized Signer)*

**OFFICE USE ONLY**

Approved by: _____ <i>(Branch Supervisor)</i>	Date: _____	Verified by: _____
<input type="checkbox"/> Checking Overdraft Protection Setup <span style="float: right;"><i>(Note: File maintain ND-OP-TYPE to 6 on checking accts set up as a protecting acct.)</i></span>		
<input type="checkbox"/> Submit Synergy Order to scan with primary account signature card		