



Account Name _____ Street _____ City, St, & Zip _____ <p style="text-align: center;">ACCOUNT HOLDER(S)</p>	Returned signed form to: Nodaway Valley Bank P.O. Box 7315 St Joseph, Mo 64501 or Fax:816-364-7751 <p style="text-align: center;">FINANCIAL INSTITUTION</p>
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OVERDRAFT SWEEP AUTHORIZATION

In this authorization, the words "we", "our", or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). You authorize us to make the following transfer of funds:

<p style="text-align: center;">From Debited Account:</p> Account No. _____ Account Title _____ _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<p style="text-align: center;">To Credited Account:</p> Account No. _____ Account Title _____ _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking
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We will make transfers on the following basis:

Overdraft Sweep

You authorize us to transfer funds from your Debited Account and deposit money into your Credited Account to cover each overdraft on your Credited Account. We will make all transfers in multiples of \$ _____. (Minimum of \$50 required) You authorize us to charge your Credited Account \$10.00 for each transfer made. If the Debited Account does not have adequate funds to cover the overdraft in the Credited Account plus the \$10 Overdraft Sweep Fee, the overdraft sweep transfer will not occur. This may cause the Credited Account to incur NSF Item Fee(s).

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

SIGNATURE _____ SIGNATURE _____

Signature (Only if Debit Account is a 2 signature account)

Date

TERMINATION OF THIS AGREEMENT: Any one of you may cancel this agreement by giving us written notice. Your notice will be effective _____ (_____) days after we receive it.

Effective _____ (date) the undersigned cancels this Automatic Transfer Authorization.

Signed _____

GENERALLY -The accounts listed in this Authorization are covered by their individual terms and conditions, unless modified by this Authorization. If a transfer is made from a savings account, we reserve the right to require not less than 7 days written notice of withdrawal.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your checks or drafts unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance in the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check or draft presented which results from any transfer or charge made or refused to be made by us under this Authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

TERMINATION - If no termination date is specified in this Authorization, this Authorization will remain in effect until terminated by any one of you. We may terminate this Authorization by giving you written notice at the address stated in this Authorization. Any notice will be effective immediately when mailed or delivered by us. Notice to any one of you is notice to all of you.

For Internal Use Only

I have verified that the above referenced Debit Account DOES/DOES NOT require 2 signatures. The Overdraft Transfer Authorization signature(s) has been verified with the system as valid authorized owner(s) of the above referenced Debit Account this _____ day of _____, 20____ .

Bank Representative _____