

## Enrollment Form for Overdraft Transfer Protection

From Savings Account No.: \_\_\_\_\_

To Checking Account No: \_\_\_\_\_

Account Owner(s) Signature (must be an account owner of both accounts)

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

By signing above I agree to enroll into the Overdraft Protection program offered by The Rockhold, Brown & Co. Bank. I agree that a \$10.00 charge per transfer will be assessed. The draws out of the account will be made in \$50.00 increments.

Please complete and sign this form and return it to one of our branches, or fax it to 740-634-2386 ATTN: Bookkeeping, or email a scanned signed copy to [maryrbcobk@horizonview.net](mailto:maryrbcobk@horizonview.net)