

**Overdraft Protection
Auto-Draft
Authorization**

[ALVA STATE BANK & TRUST COMPANY]



DEBITING ACCOUNT INFORMATION

ACCOUNT NAME _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: CHECKING SAVINGS

DEBIT AMOUNT _____

TRANSFER INCREMENT AMOUNT _____

FREQUENCY: **OVERDRAFT PROTECTION**

CREDITING ACCOUNT INFORMATION

ACCOUNT NAME _____

CHECKING ACCOUNT NUMBER _____

MINIMUM ACCOUNT BALANCE _____

By signing this form I hereby authorize Alva State Bank and Trust Company, to initiate debit entries on the above listed account and Financial Institute indicated above. This authority is to remain in full effect until your Company has received written notification from me of its termination in such time and manner as to afford your Company a reasonable opportunity to act on it.

SIGNATURE

DATE