



**CG BANK
SUPER SAVER FORM**

I, hereby authorize CG Bank to transfer funds from the account listed below to cover overdrafts in my checking account . If there are not enough funds to cover the overdraft then no funds will be transferred. There will be a \$3.00 charge for each transfer.

TRANSFER FROM:

TRANSFER TO:

Application-Choose One

Application: DDA

Account No.

Account Name

Account No.

Address

Employee Initials:

This will be in effect until CG Bank receives written notice from the customer or deems it necessary to close.

Customer Signature(s):

Date:

FOR INTERNAL USE ONLY

Submitted by: _____ Date _____

Data Entry Only: FM by _____ Date _____ Ver/By _____