

Safeguard Service Account



Account Title: _____

DDA/Sav (A) From _____

DDA/Sav (B) To _____

I/we the undersigned hereby apply for Hometown National Banks' Safeguard Service Account and apply for a personal checking account(s) and/or savings account(s), if I/we do not already have such. Both accounts must be maintained in the same name.

The undersigned further authorizes the Bank to transfer funds from my/our (A) account, identified above, to my/our account (B), identified above, at such time as my account (B) becomes overdrawn. The amount transferred from my/our (A) that will be in multiples of \$100.00, shall be sufficient to restore my/our account (B) to a balance greater than the overdraft. I/we authorize the Bank to deduct from my/our account (A), a \$5.00 service fee for each transfer of funds from account (A) to account (B). The undersigned also agrees to maintain sufficient funds in the account (A) to affect transfers authorized by this agreement.

The Bank or any one of the undersigned may cancel the Safeguard Service Account authorization upon written notice to appropriate party. I/we understand that the authorization for this service will remain in effect until 10 (ten) days after written notice of termination is actually received by the Bank.

The undersigned also agrees to abide by the rules of regulations of the Bank governing checking and/or savings accounts (and all amendments thereto) as stated on the signature cards governing checking and/or savings accounts.

Authorized Signature(s):

(1) _____ Date: _____

(2) _____ Date: _____

Approved/Entered by:
