



A member of the Principal Financial Group

Mailing Address:
P.O. Box 9351
Des Moines, IA 50306-9351
1-800-672-3343
www.principalbank.com

Overdraft Protection Authorization

I authorize Principal Bank to establish overdraft protection on checking account # _____ by selecting one of the following accounts:

Overdraft protection from a Principal Bank Savings or Money Market Account is available for check and BillPay transactions only. Overdraft Protection does not authorize for ATM or Debit Card transactions.

My Principal Bank Money Market Account # _____

My Principal Bank Savings Account # _____

My Principal Bank Advantage Savings # _____

Principal Bank will advance from the accounts the exact amount to cover overdrafts incurred on the checking account specified above. As a reminder, your savings and money market accounts are limited to 6 transactions per statement period, Advantage savings are limited to 3 transactions per statement period. For additional information regarding excessive transaction fees please refer to Principal Bank's schedule of fees at principalbank.com.

Note: Health Savings Accounts (HSA) are not eligible for overdraft protection.

Signature authorization is for the account owner(s) of the account used for the Overdraft protection (one of the three choices above).

Table with 2 columns: Name, Joint Name, Signature, Date. Rows for Name, Signature, Date and Joint Name, Signature, Date.

You can fax the signed form to 1-866-946-3445 or mail to the address above.