

Overdraft Protection



Sign Up for Overdraft Protection

Your [SKYPASS Visa® card](#) can protect your U.S. Bank checking account from costly overdrafts by automatically transferring funds to your checking account when necessary. To sign up, fax or mail this completed form back to us at the address noted at the bottom.

SKYPASS Visa Account Number*: _____ - _____ - _____ - _____

U.S. Bank Checking Account Number To Protect: _____

IMPORTANT NOTE: The accounts that you wish to link together for Overdraft Protection MUST have the same ownership. Example: Bob and Mary Customer on the checking account must have Bob and Mary Customer or Mary and Bob Customer as owners on the credit product that you want to use as the account to protect your checking account. Authorized Users on a credit card or Premier Line Account do not qualify as an account owner.

If you have questions regarding the account ownership on your accounts please contact your banker for assistance. They will be able to assist you by explaining your options if you do not have the correct ownership for the Overdraft Protection option.

Overdraft Protection Terms & Conditions

When items are presented for payment, which would overdraw the U.S. Bank Checking Account indicated above, the bank will automatically transfer cash from the SKYPASS Visa Account indicated above as follows:

1. The bank will pay items drawn on the checking account in any order convenient to the bank.
2. When the total amount of the overdraft is determined, the bank will automatically transfer an amount sufficient to pay all items creating the overdraft, from credit available in the SKYPASS Visa Account. Any transfer will be posted and treated as a Cash Advance from your SKYPASS Visa Account.
3. The bank will not make any automatic transfers in amounts less than \$25.00.
4. The bank shall not be obligated to pay an item that would overdraw the U.S. Bank Checking Account in an amount exceeding all funds and credits available in the SKYPASS Visa Account.
5. Fees apply for each transfer made to your checking account. See the Account Fees section in the Cardmember Agreement for applicable fees.

I/we understand that any transfers that are made from the SKYPASS Visa Account for the purposes of overdraft protection will be subject to the terms of the SKYPASS Visa Account Cardmember Agreement including all rules, fees and other disclosures made in connection therewith. This agreement may be amended or terminated by the bank at any time upon notice to me/us, and I/we understand that it will be terminated automatically without notice if either the SKYPASS Visa Account or U.S. Bank Checking Account are closed.

By Signing below, I/we, the owner(s) of the accounts indicated above, hereby authorize the bank to add overdraft protection to the U.S. Bank Checking Account indicated above by linking it to my SKYPASS Visa Account. My signature also indicated my agreement to the terms and conditions above.

Cardmember Name: (please print as it appears on your SKYPASS Visa card) _____

Signature: _____ Date: _____

* Must be a SKYPASS Visa Account.

If you have further questions, please contact 24-hour Cardmember Service Department at 866-286-8472 (Signature Cardmembers call 866-359-4771). We are here to provide solutions for your banking needs and look forward to serving you in the future.

Please fax your completed form to: 866-568-7729

Or mail to:
U.S. Bank National Association ND
c/o U.S. Bancorp Service Center, Inc.
PO Box 6352
Fargo, ND 58125-6352

