OVERDRAFT PROTECTION TRANSFER WORKSHEET

Member Name: _____ Account #: _____ Suffix _____

☐ I decline Overdraft Protection Transfer Service on my Checking Account

Members may choose to enroll in the overdraft protection transfer service for their checking account, as well as their money market account (if applicable). If you wish to enroll in the overdraft protection transfer service, please indicate below which sub-account you would like overdraft protection transfer to come from, as well as the priority order you would like overdraft protection to occur.

I knowingly, affirmatively, and unequivocally give my consent to the credit union to use funds from any Social Security or Supplemental Security Income (SSI) benefits directly deposited into my account for overdraft protection described herein.

Overdraft Protection Transfer from this account:

Priority:		Suffix:	Amount + Fee
_____	Share	_____	Difference + $3.00
_____	HSA Share	_____	Difference + $3.00
_____	PLOC	_____	Incremental of $50.00
_____	Money Market	_____	Difference + $3.00
_____	Summer Savings	_____	Difference + $3.00
_____	Holiday	_____	Difference + $3.00
_____	HELOC	_____	Difference

Overdraft Protection Transfer from a different account: Account

Number: _____ (different from above)

Priority:		Suffix:	Amount + Fee
_____	Share	_____	Difference + $3.00
_____	HSA Share	_____	Difference + $3.00
_____	PLOC	_____	Incremental of $50.00
_____	Money Market	_____	Difference + $3.00
_____	Summer Savings	_____	Difference + $3.00
_____	Holiday	_____	Difference + $3.00
_____	HELOC	_____	Difference

Note: Savings and Money Market Account Limits – Only six (6) transactions allowed per month via debit card, check, ACH, overdraft protection transfer, or by phone with a team member. Unlimited withdrawals or transfers permissible via online banking, mobile banking, automated telephone, ATM or branch.

_____   _____

Member Signature   Date

Credit Union Use Only:
User Name: _____ Branch: _____ Date: _____

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