

Belonging Never Felt Better



2650 Harrison Avenue
Eureka, CA 95501
(707) 445-8801
Fax (707) 442-2532

AUTHORIZATION FOR OVERDRAFT PROTECTION

Member Name _____ Member # _____ Date _____

The credit union is authorized to make transfers to my checking account in multiples of \$100.00 as needed to provide for checks that may be presented against insufficient funds. This service also covers ACH, ATM and POS transactions. Service charges, as applicable, may be assessed (Please refer to our current schedule of service fees). Transfers which would bring the account balance below the required minimum will not be made. Transfers which would cause the credit limit to be exceeded would not be made, nor will transfers be made on a delinquent account. Signers on the checking account must be identical to those on the account from which the overdraft protection will come from by this authorization.

OVERDRAFT PREFERENCES:

I select, in order of preference, the following accounts to be used as overdraft protection:

Account Number	Account Type	Account Number	Account Type
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Please Note: Overdraft Protection for ATM or POS transactions may only come from preferences 1 and 2.

Member Signature

12/04 ac

Opened By: _____

Reviewed By: _____