



AUTHORIZATION FOR OVERDRAFT PROTECTION AND REGULATION E

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 (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 exceed a credit limit will 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 may not come from any other checking product.

OVERDRAFT PREFERENCES (in transfer order):

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

I elect NO overdraft coverage

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

You can protect yourself further by “opting in” to coverage of your everyday ATM and debit transactions. This means that if you exhausted all of the funds in your “backup” accounts, but attempt to make an ATM or debit transaction, we will cover that transaction for you. Please note that our decision to apply this service to your account is at our discretion, and will not be applied to your account immediately. Service charges, as applicable, may be assessed (refer to our current schedule of service fees) for each transaction that we pay for you. If you decide to “opt-in”, you are free to opt back out at any time.

- I WANT Coast Central Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- I DO NOT WANT Coast Central Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- Non-Qualified account type (Business, Trust, or ETA)

Member Signature: _____

Accepted by: _____ Audited by: _____