

Overdraft Protection Request

Member Name

Account Number

By signing this form, I authorize Community Choice Credit Union to transfer funds from the selected savings accounts in the event I overdraw my checking account balance. I understand that there may be a fee for this transfer service based on my account relationship. I also understand that no more than six electronic transfers can be made from my savings account each month due to a federal regulation; these overdraft transfers will count toward that limit.

Please select the account(s) you would like to use as Overdraft Protection for your checking account and provide the two digit share id number.*

Community Plus
Checking Share ID _____

Daily Share Share ID _____

Prime Share Share ID _____

Member Signature

Date

*To the extent permitted by law, You authorize Us to transfer funds from other accounts You may have with Us in necessary multiples (or in such increments as We may from time to time determine) to Your Account to cover any overdraft. Overdraft transfers are subject to a transfer fee. You hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.