



OVERDRAFT PROTECTION FORM

Member Name: _____

Member Number: _____

I am requesting to add Overdraft Protection to my checking account.

I understand that by signing this form:

- Available funds will be transferred from my Savings to my Checking to cover any drafts on my Checking account.
- Each transfer will result in a \$2.00 fee.

Member Signature: _____ Date: _____

Received By: _____ Date: _____

Processed By: _____ Date: _____