

## **OVERDRAFT PROTECTION WORKSHEET**

Member Name:		Account #:	Suffix
☐ I decline Overdraft Protect	tion on my Checking A	ccount	
(if applicable). If you would I complete the Cross Account T	like to set up overdraft pransfer Authorization for would like overdraft pransfer pr	r their checking account, as well a protection from a different account from a different account from. If you wish to have overdrate rotection to come from, as well as	t number, you must first ft protection, please indicate
	ecurity Income (SSI) b	my consent to the credit union enefits directly deposited into m	
Overdraft protection from this	account:		
Priority: Share HSA Share PLOC Money Market Summer Savings Holiday HELOC	Suffix:	Amount + Fee Difference + \$3.00 Difference + \$3.00 Incremental of \$50.00 Difference + \$3.00 Difference + \$3.00 Difference + \$3.00 Difference + \$3.00 Difference	
Overdraft Protection from a d	`	oss Account Transfer Authorizatio	on form must be completed.)
Priority:ShareHSA SharePLOCMoney MarketSummer SavingsHolidayHELOC  Note: Savings and Money Macheck, ACH, overdraft protec	Suffix:	Amount + Fee Difference + \$3.00 Difference + \$3.00 Incremental of \$50.00 Difference + \$3.00 Difference + \$3.00 Difference + \$3.00 Difference + \$3.00 Difference + \$1.00 Difference + \$1.	rawals or transfers
Member Signature		Date	
Credit Union Use Only: User Name:	Branch:	Date:	