

Overdraft Protection Authorization

Checking Account Number: _____

I authorize the California Credit Union, to transfer funds to cover overdrafts regardless of which signer of the checking account listed above authorizes a debit to the account. See the Fees, and Charges schedule for fees applicable to transfers.

Transactions that may cause an overdraft include checks, electronic ACH payments, or ATM/Point of Sale transactions using my California Credit Union Debit Card. Fees charged related to the transactions above may also result in an overdraft and a subsequent transfer from my overdraft source designated below.

Transfers will be made from accounts in the order listed below.

PRIORITY	OVERDRAFT ACCOUNT TYPE			OVERDRAFT ACCOUNT NUMBER
1	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Line of Credit*	
2	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Line of Credit*	
3	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Line of Credit*	
4	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Line of Credit*	

NOTICE OF REGULATORY LIMITS: During any month, you may not make more than six withdrawals or transfers to another Credit Union account of yours or to a third party by means of a pre-authorized or automatic transfer, telephone transfer, check or similar order to a third party from your Savings or Money Market account named above. If you exceed these transfer limitations, your account will be subject to denial of the service that caused your account to exceed the limits defined by the Regulation, including the removal of an overdraft source or closure by the Credit Union. You will be charged a fee as disclosed in our Fees & Charges schedule for each transaction over the regulatory limit. There is no limit to the number of transactions you may make in person, at an ATM, or by mail.

Authorization by a signer of the checking account listed above and the overdraft account is required below

Authorized Signer's Signature _____
Date

Print Name _____
Identification/Number

Authorized Signer's Signature _____
Date

Print Name _____
Identification/Number

CALIFORNIA CREDIT UNION, USE ONLY		
Processed by (Employee Name)	Branch/Dept.	QC'd By: