

# OVERDRAFT PROTECTION REQUEST

You, \_\_\_\_\_ (PRINT NAME) authorize transfers from your below accounts, credit lines, or joint accounts, in the following order to cover overdrafts from your LAFCU checking account number \_\_\_\_\_.

1st \_\_\_\_\_  
LAFCU Account # \_\_\_\_\_ ID# \_\_\_\_\_

2nd \_\_\_\_\_  
LAFCU Account # \_\_\_\_\_ ID# \_\_\_\_\_

3rd \_\_\_\_\_  
LAFCU Account # \_\_\_\_\_ ID# \_\_\_\_\_

You understand this agreement may allow current and future funds or credit to be transferred out of the accounts indicated above to cover overdrafts. You acknowledge that you will read and abide by the terms and conditions of the LAFCU "Master Agreements & Disclosure" booklet. This authorization will remain in effect until you revoke it in writing.

\_\_\_\_\_  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT UNION USE ONLY:** Employee Initials \_\_\_\_\_ Date \_\_\_\_\_



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*LAFCU membership is open to active and retired employees, and active volunteers of LA City, members of the Los Angeles Charitable Association, Inc., and their immediate family members. You must be a LAFCU member to obtain credit and/or to use credit union services.*

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