

OVERDRAFT PROTECTION REQUEST

You, _____ (PRINT NAME) authorize transfers from your below accounts, credit lines, or joint accounts, in the following order (*Visa®*, if used, must be LAST), to cover overdrafts from my LAFCU checking account number _____.

1st _____
LAFCU Account # _____ ID# _____

2nd _____
LAFCU Account # _____ ID# _____

3rd _____
LAFCU Account # or Visa Card # _____ 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 _____



P.O. Box 53032 • Los Angeles, CA 90053 • www.lafcu.org
(877) MY LAFCU (695-2328) • memberservices@lafcu.org



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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