

# Overdraft Protection Request

You, \_\_\_\_\_ (PRINT NAME) authorize to:

Establish Transfers     Change Transfers     Cancel Transfers

from your below accounts, credit lines, or joint accounts, in the following order to cover overdrafts from your LAFUCU checking account number \_\_\_\_\_.

**1st**

\_\_\_\_\_  
LAFUCU Account #

\_\_\_\_\_  
ID #

**2nd**

\_\_\_\_\_  
LAFUCU Account #

\_\_\_\_\_  
ID #

**3rd**

\_\_\_\_\_  
LAFUCU 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 LAFUCU "Master Account Agreements & Disclosures" booklet, Fee Schedule, Rates document, and the Disclosures Summary for Share Savings Accounts. This authorization will remain in effect until you revoke it in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CREDIT UNION USE ONLY:**

Employee Initials: \_\_\_\_\_

Date: \_\_\_\_\_



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