

## CHECKING OVERDRAFT OPTIONS

If I overdraw my Checking Account # \_\_\_\_\_ Sub \_\_\_\_\_

Please cover my overdrafts from the following accounts on which I am the primary or joint owner, in the priority order that I've listed, starting with 1.

1.  Savings\* or  Credit Line Account # \_\_\_\_\_ Sub \_\_\_\_\_

2.  Savings\* or  Credit Line Account # \_\_\_\_\_ Sub \_\_\_\_\_

3.  Savings\* or  Credit Line Account # \_\_\_\_\_ Sub \_\_\_\_\_

\* Savings accounts are subject to Federal Regulation D, which limits withdrawals or transfers to six in a calendar month, based upon when they clear.

I understand that I must have sufficient funds in any one of my designated accounts and that the credit union cannot combine multiple accounts to cover an overdraft. I further understand that there will be an overdraft fee of \$2 for each transfer and that you will mail me a voucher to document the transaction.

My signature below signifies my agreement to the terms and conditions of my checking account agreement with the overdraft transfer option, and pursuant to that agreement I authorize the credit union to exercise the above options in the event of an overdraft of my checking account. This agreement shall remain in effect until cancelled by me in writing.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*For credit union use only.*

CU Employee Initials \_\_\_\_\_ Date \_\_\_\_\_



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