



TONGASS FEDERAL CREDIT UNION

Authorization for Overdraft Protection

Name _____ Member Number _____

Checking Account No. _____ Suffix No. _____

Should an overdraft occur on my above-designated account, I request that a transfer of funds, necessary to cover the overdraft, be made from the following account(s) as indicated.

*Please indicate your first choice (1), second choice (2), third choice (3), etc.:

Membership Share Account	Suffix No: _____
Special Savings Account	Suffix No: _____
Other Membership Account No: _____	Suffix No: _____
Personal Line of Credit Account No: _____	Suffix No: _____
Home Equity Line of Credit Account No: _____	Suffix No: _____

Should advances from a Personal Line of Credit or Home Equity Line of Credit be chosen as an option, I understand that the corresponding agreements and credit limits must be approved and in effect at the time an overdraft is presented.

I understand any transfer to cover an overdraft will be made to pay the overdraft amount.

The Credit Union may refuse at any time to exercise this option should any balance or fees be delinquent or in default on any of my account(s).

I acknowledge that a fee will be assessed for each account from which a transfer of funds is made as disclosed in the Tongass Federal Credit Union Schedule of Fees.

This authorization may be cancelled by me or the Credit Union upon written notification

Member Signature

Date

*Member must be an authorized signer on all accounts