



Checking Overdraft Protection Plan Application.

credit union use only

PRIMARY MEMBER

Name

Address

City State Zip

Per the Patriot Act, if you list a P.O. box for your mailing address, you must also provide a residential address:

Address

City State Zip

Social Security Number Date of Birth

Home Phone Work Phone

JOINT

Per the Patriot Act, a residential address is required for all Joint Members.

Joint Member's Name

Address

City State Zip

Additional Joint Member

Joint Member's Name

Address

City State Zip

Overdraft Protection Options

- I hereby authorize the Credit Union to debit ONLY my established designated Line of Credit account* in exact dollar transfers to cover any overdrafts which I may incur in this Checking account.
- I hereby authorize the Credit Union to debit EITHER my established designated Line of Credit account*, or my Share Savings account if the balance of my established Designated Line of Credit account is insufficient, in exact dollar transfers to cover any overdrafts that I may incur in this Checking account.
- I hereby authorize the Credit Union to debit ONLY my Share Savings account in exact dollar transfers to cover any overdrafts which I may incur in this Checking account.
- I decline/wish to remove overdraft protection on my Checking account.

** I also request that if I now or in the future have ATM card or debit card access to my checking account, ATM or debit card overdraft transactions will also access a line of credit loan if I choose overdraft protection.*

THE UNDERSIGNED HEREBY AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS FORM.

Primary Member Signature Date

Credit Union Account Number

**Please contact the credit union at 770-424-0060 with any questions. All information must be completed.
Return to LGE Community Credit Union, P.O. Box 1188, Marietta, GA 30061.**