



Overdraft Protection Election

Date _____ Member Account Number _____

Member Name _____

Electronic Services You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments to targeted Merchants and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payments and/or transfers to Your designated Account(s). You understand that We may not be able to make certain payments and/or transfers if sufficient funds are not available in Your designated Account(s). This authorization is in force until revoked by You or Us in writing and is subject to the Service Terms and Conditions as amended from time to time.

I instruct the credit union to automatically transfer funds from the following account(s) for overdrafts on the above Account Number:

Priority	Account Number	Share Type or Loan Number
1 st		
2 nd		
3 rd		
4 th		
5 th		

Signature _____ Date _____



Federally insured by NCUA.

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