



P.O. Box 15966, Sacramento, CA 95826-0966 golden1.com

OVERDRAFT PROTECTION SERVICE REQUEST

[] I/We request overdraft protection service for my/our checking account identified below and designate the savings account and/or the line of credit account checked below under the same account structure as my/our checking account. In the event the checking account becomes overdrawn, I/We authorize Golden 1 Credit Union to automatically transfer available funds in increments of \$200 or, up to the available balance from the designated account to satisfy the amount of the overdraft. I/We further understand if there are not enough funds available in my/our savings or line of credit account to cover the entire amount of an item presented for payment on my/our checking account, you may, at your option and without notice to me/us, pay the item and create an overdraft on my/our account or return the item unpaid.

Select one

- Regular Savings
- Additional Savings
- Money Market
- Youth Savings

Please check

- Personal Line of Credit

If you selected both a savings and a line of credit account, please indicate the order in which you would like to advance funds for overdraft protection. Your choice will remain in effect until changed by you in writing.

Advance first: _____ Advance second: _____

This document is incorporated in the Disclosure of Account Information and Membership Agreement, the contract which establishes rules that control your account(s) with us. This overdraft service request supersedes all prior terms and conditions regarding savings account/line of credit overdraft protection. By signing below, I/We agree to these terms and conditions.

Account Number: _____

Printed Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____