



Overdraft Protection

Member Name: _____

Member Number: _____

If share drafts (checks) presented for payment should exceed the balance in my Share Draft (checking) account, I authorize FTWCCU to transfer funds from my additional accounts, as indicated below, to cover such share drafts. I also authorize FTWCCU to deduct a three dollars (\$3.00) fee from my Share Draft account for each Overdraft Protection transfer that occurs (ACCESS transfers and Prime Advantage Savings account holders are excluded from this fee). Please transfer from my additional accounts in the following order.

Instructions: Place a #1 beside the account you want FTWCCU to take funds from first, a #2 beside your next choice, and a #3 beside your last choice. If you do not have a Cash Management account, or you would like us to ignore it for these purposes, please do not put a number beside that selection.

_____ Regular Shares

_____ Cash Management

_____ ACCESS Line of Credit

_____ Special Shares

_____ Prime Advantage Savings

☐ I DECLINE NSF Proof Privilege

☐ I ACCEPT NSF Proof Privilege

☐ I am DECLINING REG E Opt-In

Member signature: _____

Date: _____