



MULTIPLE ACCOUNT OVERDRAFT PROTECTION REQUEST FORM

Primary Member's Name:	
Joint Owner's Name:	
Member Number:	

I/we authorize B.O.N.D. Community Federal Credit Union to transfer additional, available funds in the event my checking account described above has an insufficient balance. Funds will be transferred from the accounts listed below according to the following order:

Priority	Member Number	Suffix
1.		
2.		
3.		
4.		
5.		

- B.O.N.D. Community Federal Credit Union will advance from any of the Share and/or Share Draft Account(s), as well as, any Line of Credit specified above in exact increments to cover overdrafts incurred on your checking account.
- Should advances from an open-end loan account 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 in multiples of \$25.00. The only exception is if the transfer is attempted from a deposit account with less than \$25.00 available and that amount will cover the overdraft.
- The Credit Union may refuse at any time to honor this request should any balance or fees be delinquent or in default on any of my account(s). I acknowledge that a fee may be assessed for each account from which a transfer of funds is made as disclosed in our Fees Schedule.

The undersigned agree that the Credit Union may rely upon this Authorization until it is revoked or modified in writing by any account owner or an authorized representative, or by court order. The undersigned agree that all checking account overdraft transactions shall be governed by the Credit Union's current membership and deposit account contracts, rules and regulations, and fee schedule. The undersigned further agrees that the Credit Union shall have no duty to make inquiries or monitor any overdraft account activities, payments, withdrawals, deposits, use of funds, or other actions of any account owner. By signing this form, I/we acknowledge receipt of a copy of the account agreements, credit agreements, guidelines, and disclosures applicable to each potential overdraft source and agree to be bound by the terms and conditions thereof. The undersigned further agrees to remain personally liable to the Credit Union for any overdraft activity, and agree to indemnify and hold the Credit Union harmless from any and all loss, cost or damage incurred or suffered by the Credit Union at any time by reason of the Credit Union honoring my/our instructions concerning overdraft activity or paying any overdraft. I also understand that the terms and existence of my/our overdraft protection privileges may be revoked, modified or supplemented by the Credit Union at any time with or without advance notice to me. If the undersigned be more than one, each person signing below shall be jointly and severally liable to the Credit Union hereunder.

Member's Signature & Date

Joint Owner's Signature & Date

Credit Union Use ONLY:

Employee's Name _____ Signature: _____

Date Received: _____ Date & Time Processed: _____