



OVERDRAFT PROTECTION REQUEST

Member: _____

Share Draft Account #: _____

In the event of an overdraft on my share draft (checking) account, I request that Finger Lakes Health Care FCU transfer any available funds from the following designated account to offset the overdraft(s) amount. This protection applies to share draft, ACH, and debit card activity.

Account to be charged _____ (1st)

Account to be charged _____ (2nd)

- I acknowledge that all available funds in my share draft account will be applied prior to my protection savings account(s) being assessed.
- I further acknowledge that a fee established by Finger Lakes Health Care FCU will be charged for this service and is subject to change.

Member's Authorization

Date

For Credit Union Use Only:
Accepted by: _____
Date: _____