



PO Box 110
Camanche, IA 52730
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OVERDRAFT PROTECTION AUTHORIZATION

I, _____, hereby request to be enrolled in 1ST Gateway Credit Union’s Overdraft Protection Plan. My Share Draft account number is _____. By signing this form I acknowledge that I will be charged a fee of \$2.50 for every transfer that occurs.

PLEASE NOTE: TRANSFERS MAY STILL BE DONE BY PHONE, ONLINE OR IN PERSON AT NO COST TO THE MEMBER.

In order of transfer priority, I designate the following accounts to be used:

- 1st Priority - Account: _____ Suffix: _____
- 2nd Priority - Account: _____ Suffix: _____
- 3rd Priority - Account: _____ Suffix: _____

I further understand that overdraft protection will not perform combinations from separate priority accounts. As an example, if Share Account 01 is designated as 1st priority and adequate funds are not available in 01, the computer will search the 2nd priority, and then the 3rd priority. It will not make partial transfers from each priority account to cover the transaction.

Signature: _____ Date: _____
Teller: _____ Branch: _____