



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 .

TRANSFERS MAY STILL BE DONE BY PHONE, ON THE INTERNET OR IN PERSON AT NO COST TO THE MEMBER.

In order of transfer priority I designate the following accounts be used.

1st priority: _____

2nd priority: _____

3rd priority: _____

I further understand that overdraft protection will not perform combinations from separate priority accounts. As an example if Share Account A is designated as 1st priority and adequate funds are not available in A, 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 draft.

Signature: _____ Date: _____

Teller: _____ Branch: _____