



Atlanta Postal Credit Union  
A TRADITION OF SERVICE

# Overdraft Protection Service Agreement To Transfer Funds

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

The credit union may, at its discretion, transfer funds from my/our Primary Share Account, other special share accounts, or joint members' accounts to pay a check drawn on the checking account when there are insufficient funds in this account. I/We understand that there will be a charge for each transaction of this type. I/We agree to overdraft protection from this/these share account(s), in this order (you must be a joint owner on the share account to request overdraft protection from that account).

_____	_____	_____	_____
Source Acct #1	Source Acct #2	Source Acct #3	Source Acct #4

\_\_\_\_\_  
Primary Member Signature Date

\_\_\_\_\_  
Joint Owner (1) Signature Date

\_\_\_\_\_  
Joint Owner (2) Signature Date

\_\_\_\_\_  
Joint Owner (3) Signature Date

I/We do not want overdraft protection.

\_\_\_\_\_  
Primary Member Signature Date

\_\_\_\_\_  
Joint Owner (1) Signature Date

\_\_\_\_\_  
Joint Owner (2) Signature Date

\_\_\_\_\_  
Joint Owner (3) Signature Date