

## Overdraft Protection Service Agreement to Transfer Funds

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

APCU/Center Parc may, at its discretion, transfer funds from my/our Primary Savings Account, other special savings accounts, money market accounts, or joint members' accounts to pay transaction(s) drawn on the checking or money market account when there are insufficient funds in this account. I/We understand that there will be a fee assessed for each transaction of this type. I/We agree to overdraft protection from this/these account(s) listed below in this order. I/We understand that the selections below may be changed at my/our discretion by resubmitting this form. (You must be the primary account owner or a joint owner on the 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