

Primary
Member Account Number _____
Primary
Member Name _____

Home Equity Line of Credit Overdraft Coverage Agreement

Initiate
 Cancel
 Change

Checking Share ID: _____

I/We authorize Overdraft Coverage to come **first** from:
1) Member Account Number _____ Share ID _____
and **second** to come from :
2) Member Account Number _____ Share ID _____

I/We **DO NOT** authorize overdraft coverage for my/our Home Equity Line of Credit.

I/We authorize you to clear overdraft(s) on my Checking Account(s) with you by an advance in any amount from my Home Equity Line of Credit up to my approved amount, or in such increments as you may determine from time to time, subject to the terms of the Home Equity Line of Credit Note (“Note”) and to the terms and conditions disclosed in your Truth-in-Savings Standard Disclosure and Account Agreements. If I/We are not eligible to receive advances from you under the “Note”, my/our checks may be returned unpaid and my Checking Account may be closed.

Account Owner Agreement

I/We agree to abide by the terms and conditions of this Account Agreement, the Truth in Savings Disclosure and Account Agreements and Fees for Special CU Services Brochure, receipt of all of which is hereby acknowledged and which are incorporated by this reference. I/We agree to be governed by the Credit Union bylaws, rules and regulations, as amended. When an ATM/Visa Check card and EFT service is provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Disclosure, which is incorporated by this reference. I/We understand and agree that this Account Agreement shall only govern the account(s) set forth. I/We will execute additional forms to request additional overdraft protection from my/our Home Equity Line of Credit. I certify that the information provided on this application is true and correct.

Primary Member Signature

Date

Joint Owner’s Signature

Date