



Checking Account Overdraft Source Election

Member name: _____

Account No. _____

I/we authorize Elevations Credit Union to transfer additional, available funds in the event my checking account has an insufficient balance. Funds will be transferred according to the following order. **Rank overdraft choices with 1 being 1st, 2 being 2nd, etc. to indicate which order you prefer an overdraft to be covered.**

Additional Checking Accounts (by account number)

_____ Primary Savings	_____	_____	_____
_____ Alternate Savings	_____	_____	_____
_____ Visa Credit Card	_____	_____	_____

Overdraft Options At-a-Glance

Visa Overdraft Protection	Regular Savings
No Annual Fee	No Annual Fee
Credit Limit same as Visa Credit Card	No limit, minimum balance \$25.00
No minimum transfer amount	No minimum transfer amount
Unlimited transfers, treated as cash advances	Limit 6 transfers per month
No per transaction fee	No per transaction fee
Interest rate same as credit card purchase rate	No interest payment

The undersigned agree that the Credit Union may rely upon this Authorization until it is revoked or modified in writing by any account owner or an authorized representative, or by court order. The undersigned agree that all checking account overdraft transactions shall be governed by the Credit Union's current membership and deposit account contracts, rules and regulations, and fee schedule. The undersigned further agrees that the Credit Union shall have no duty to make inquiries or monitor any overdraft account activities, payments, withdrawals, deposits, use of funds, or other actions of any account owner. By signing this form, I/we acknowledge receipt of a copy of the account agreements, credit agreements, guidelines, and disclosures applicable to each potential overdraft source and agree to be bound by the terms and conditions thereof. The undersigned further agrees to remain personally liable to the Credit Union for any overdraft activity, and agree to indemnify and hold the Credit Union harmless from any and all loss, cost or damage incurred or suffered by the Credit Union at any time by reason of the Credit Union honoring my/our instructions concerning overdraft activity or paying any overdraft. I also understand that the terms and existence of my/our overdraft protection privileges may be revoked, modified or supplemented by the Credit Union at any time with or without advance notice to me. If the undersigned be more than one, each person signing below shall be jointly and severally liable to the Credit Union hereunder.

Date Executed: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

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