



Overdraft Protection Authorization

I hereby authorize Allied Healthcare Federal Credit Union to use the Accounts – Share/Loan ID #'s listed below as Overdraft Protection for my Checking Share ID # _____ which is under Membership Account # _____

This authorization shall remain in effect until canceled by me in writing to the Credit Union. I agree to hold harmless and indemnify Allied Healthcare Federal Credit Union from all liability for such overdraft transfers. This request supersedes any prior instructions from me for overdraft protection to my checking account listed above.

***Membership Accounts - Share/LoanID #'s to be used as Overdraft Protection are:**

- 1) Membership Account # _____ Share/Loan ID # _____
- 2) Membership Account # _____ Share/Loan ID # _____
- 3) Membership Account # _____ Share/Loan ID # _____
- 4) Membership Account # _____ Share/Loan ID # _____
- 5) Membership Account # _____ Share/Loan ID # _____

X _____ **X** _____
**Signature (Primary) Membership Account #

Date: _____

Accounts - Share/Loan ID #'s will be accessed in the order listed above. An overdraft transfer fee may apply. See our current Schedule of Fees & Charges.
Signature of Primary Member(s) for **all Accounts - Share/Loan ID #'s listed above is required.

<i>For Credit Union Use Only</i>		
Completed by _____	MSR # _____	Date _____