



Overdraft Protection Application

_____ Funds for overdrafts are to be transferred from my Savings Account.

_____ Funds for overdrafts are to be transferred from another savings account.

_____	_____
Member Number	Share Type
_____	_____
Member Number	Share Type

_____ Funds for overdrafts are to be covered by an advance on my Line of Credit Loan Account. **

_____ Funds for overdrafts are to be transferred first from my Savings Account and if sufficient funds are not available, an advance is to be made on my Line of Credit Loan Account. **

_____ Funds for overdrafts are to be transferred from my Line of Credit Loan Account first, and if sufficient funds are not available then the transfer is to be made from my Savings Account.**

**Must have Gateway Metro Federal Credit Union approved Line of Credit Loan. If you do not currently have a Line of Credit and wish to apply for one please inform your Member Service Representative.

Name: _____
(Print)

Signature: _____

Account Number: _____ Phone Number: _____ - _____ - _____