



BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

Request for Overdraft Protection from Home Equity Line /Visa®

Member Number _____

Home Equity Line (HELOC) Overdraft Protection

I would like personal checks and debit card transactions drawn against my DCU Checking Account # _____ to automatically overdraft to my DCU HELOC # _____.

I would also like the following additional DCU Checking Account(s) to automatically overdraft to my DCU HELOC:

Checking Account # _____, X-Ref # _____, Name _____

Checking Account # _____, X-Ref # _____, Name _____

I understand and agree that if any of these Checking Accounts are held jointly now or in the future this automatic overdraft protection feature makes it possible for both the Prime and Joint owner(s) to write checks and initiate other transactions which could draw funds from this Account. I understand, unless I have selected one of the alternate overdraft paths listed below, you will attempt to cover each of these transactions for which there are not sufficient funds in the checking account first from my DCU HELOC, up to my available credit limit. In the event I do not have enough available credit, you will immediately attempt to cover the same overdraft from the Savings Account. *

I would prefer you attempt to clear checks in the following order:

Checking to HELOC only

Checking to Savings Account* to HELOC

Checking to Savings Account* only

If there is a co-borrower or cosigner on my DCU HELOC, I understand I may not have this overdraft protection without his/her signature. I understand that this request will replace any previous request for overdraft protection, if applicable. There will be a \$5.00 Overdraft Transfer charge assessed for each transfer from Savings. This does not impact DCU's Overdraft Payment Service, if applicable.

* Overdrafts to Savings Accounts are always limited to six (6) per month in combination with other Regulation D transactions.

Borrower's Signature Date (_____) Daytime Phone _____ Co-borrower's/Cosigner's Signature Date

Borrower - Please Print (_____) Home Phone _____ Co-borrower/Cosigner - Please Print

Visa® Overdraft Protection

Member Number _____

I would like personal checks and debit card transactions drawn against my DCU Checking Account # _____ to automatically overdraft to my DCU Visa # _____.

I would also like the following additional DCU Checking Account to automatically overdraft to my DCU Visa:

Checking Account # _____, X-Ref # _____, Name _____

I understand and agree that if any of these Checking Accounts are held jointly now or in the future this automatic overdraft protection feature makes it possible for both the Prime and Joint owner(s) to write checks and initiate other transactions which could draw funds from this Account. In the event there are not sufficient funds in the checking account, you will immediately attempt to cover the overdraft in the order I have selected below:

I would prefer you attempt to clear checks in the following order:

Checking to Visa to Savings Account*

Checking to Visa only

Checking to Savings Account* to Visa

All Visa overdrafts will be processed as **cash advances** as described in the Visa agreement I received from you and will impact my finance charge grace period, if applicable. If there is a co-borrower or cosigner on my DCU Visa, I understand I may not have this overdraft protection without his/her signature. I understand that this request will replace any previous request for overdraft protection, if applicable. There will be a \$5.00 Overdraft Transfer charge assessed for each transfer from Savings. This does not impact DCU's Overdraft Payment Service, if applicable.

* Overdrafts to Savings Accounts are always limited to six (6) per month in combination with other Regulation D transactions.

Borrower's Signature Date (_____) Daytime Phone _____ Co-borrower's/Cosigner's Signature Date

**Sign and fax back to 866.874.7820, or return in the enclosed postage-paid envelope.
Please allow two full business days following receipt for your overdraft protection to take effect.**

INTERNAL USE ONLY

Checking X-Reference #(s): _____, _____, _____ Input On ____/____/____ CSR# _____

