



KAMEHAMEHA
FEDERAL CREDIT UNION

Overdraft Protection (ODP) Authorization

Member's Name: _____ Account No: _____

Home Phone: _____ Bus/Cell Phone: _____

Overdraft Protection Authorization

- By completing this form and signing below, I authorize Kamehameha FCU to apply Overdraft Protection to my Checking Account. Kamehameha FCU may transfer available funds from my designated account(s) in the order that they are listed, to pay a Check, ATM, Debit Card or ACH item.
- If there are insufficient funds in the first account designated, overdraft protection may utilize funds from more than one designated account to clear a single item. I understand that if my designated accounts have insufficient funds for items presented for payment, those items will be returned unpaid.

How Overdraft Protection Works

- In the event insufficient funds are available in your checking account, Overdraft Protection will automatically transfer funds from Regular Share, Investment Share or personal Line of Credit accounts (*under the same membership number*) that you designate. (**Note: Member must apply and be approved for a line of credit loan under a separate application.**)
- Funds for Overdraft Protection are automatically transferred. If this amount is not available, then your "available balance" will be transferred as indicated on the transfer priority designation. However, funds will transfer *only* if the amount is sufficient to cover the overdraft item.
- In accordance with Federal regulations, Regular Share and Secondary Share Account transfers are limited to six (6) preauthorized, automatic, or telephone, to another account that I am an accountholder of. In the event an account reaches the maximum six (6) transfers in a month, the transfer will not be processed.

Important Information about Automatic Transfers from Regular and Investment Share Accounts

- Refer to the Credit Union's Truth-in-Savings Disclosure for balance requirements and Membership & Account Agreement for "Transaction Limitations" and "Overdrafts" information.

Transfer Priority (List priority as; 1, 2, and 3) New Change Delete

_____ - **Acct. No:** _____ **Regular Share Account**
 _____ - **Acct. No:** _____ **Secondary Share Account**
 _____ - **Acct. No:** _____ **Line-of-Credit (LOC)**

Member's Signature: _____ **Date:** _____

FOR CREDIT UNION USE ONLY			
Received by: <input type="checkbox"/> Mail	<input type="checkbox"/> Branch/Section:	Completed by (Tlr# & Initials):	Date:
Verified the following:	<input type="checkbox"/> Account Name	<input type="checkbox"/> Identification	<input type="checkbox"/> Signature
Audited By: Teller:		Teller #:	Date: