GREATER TEXAS CREDIT UNION

# OVERDRAFT PROTECTION REQUEST

***Overdraft Protection: This is not the same service as Overdraft Privilege Pay***

| | | |
|---|---|---|
| ____ ADD | ____Remove | ____Change |

**Account#:** _____

**For Add or Change:** I request the credit union to generate transfers using available funds from the accounts listed below to pay overdrafts on the account above. Transfer attempts will be made in the order listed below. Transfer attempts from a Savings may be limited due to a monthly electronic transaction limit as required per Reg D.

1st Account #: _____

2nd Account #: _____

3rd Account #: _____

By signing below, I agree that this request will override any previous Overdraft Protection Agreement(s) that I have signed either initiated by me or on a signature card provided by Greater Texas. We are under no obligation to cover overdrafts that exceed the fully paid and collected balance in your account(s). We may pay the overdraft by transferring funds to your share draft or money market account from the account(s) indicated by you above. **We may charge a service fee for each transfer. Please see the current fee schedule for the current fee amount.**

If we have a written loan agreement with you, we may pay the overdraft by increasing the outstanding loan balance on the loan account(s) indicated above. Overdraft Protection provided by increasing your loan account balance requires a prior approved line of credit in accordance with the credit union's loan policy and is subject to various additional disclosures. This is not a loan offer and should not be considered a loan application.

Furthermore, by signing below I acknowledge that this request does not impact Overdraft Privilege Pay as Overdraft Privilege Pay is a separate program offered by the credit union with its own terms and conditions.

**For Removal**: By signing below, I understand that the removal of Overdraft Protection on the account indicated above may cause the return or denial of transactions that might normally be covered by available funds in my other accounts, and I agree that Greater Texas shall not be obligated to pay any such items. By signing below, I understand that the removal of Overdraft Protection may cause additional fees without sufficient funds available in any account that was previously protected.

**Member Signature**_____ **Date**_____

----------For Credit Union Use Only----------

Sent by Op#_____ Date_____ Add/Remove/Change by Op#_____ Date_____

v01.2024