

OVERDRAFT PROTECTION

for checking account # _____

If the funds are not available in my checking account, the following accounts can be used in order to clear a check or ATM/Debit card transaction.

1. Savings Account
2. _____ Suffix: _____
3. _____ Suffix: _____
4. _____ Suffix: _____
5. _____ Suffix: _____
6. _____ Suffix: _____

Please print this form, complete it, sign and return it to: East Hartford Federal Credit Union, 92 Pitkin Street, East Hartford, CT 06108. Thank you.

Member's Signature

Date