

## **Overdraft Protection Application & Agreement**

Interest Rate: 15% fixed

Annual Fee: None

Advance Fee: None

Paying Interest: You will be charged interest from the

transaction date.

Penalty Fee: Late payment \$25

	SECTION ONE - A	APPLICAN	NT INFORMATION					
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		DATE OF BIRTH	Credit Limit Requested				
NAME (FIRST NAME, MIDDLE	INITIAL, LAST NAME)							
ADDRESS			YEARS AT THIS ADDRESS	RENT or OWN				
CITY/STATE/ZIP			HOME TELEPHONE	MOBILE TELEPHONE				
Reference: Name of parent or nearest relative			Address of reference & relationship to borrower					
CURRENT EMPLOYER HIRE DATE			TITLE/POSITION					
MONTHLY INCOME (Alimony, c	shild support, or separate maintenance	ce income need	l d not be revealed if you do not	choose to have it considered.)				
SECTION TWO - CO-APPLICANT INFORMATION								
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		DATE OF BIRTH	EMAIL ADDRESS				
NAME (FIRST NAME, MIDDLE	INITIAL, LAST NAME)		l					
ADDRESS			YEARS AT THIS ADDRESS	T THIS ADDRESS RENT or OWN				
CITY/STATE/ZIP			HOME TELEPHONE	TELEPHONE MOBILE TELEPHONE				
Reference: Name of parent or n	earest relative	Address of reference & relationship to co-borrower						
CURRENT EMPLOYER HIRE DA			TITLE/POSITION					
MONTHLY INCOME (Alimony, c	shild support, or separate maintenanc	ce income need	I d not be revealed if you do not	choose to have it considered.)				
	SECTION TH	REE - WH	AT YOU OWE					
TYPE OF DEBT	CREDITOR NAME		MONTHLY PAYMENT	BALANCE				

SECTION FOUR - OTHER INFORMATION							
Please circle one answer per question, explain any "yes" responses.	Aplic	Aplicant		Co-Applicant			
Have you declared bankruptcy in the last 7 years?	YES	NO	YES	NO			
Do you currently have any outstanding judgments?	YES	NO	YES	NO			
Have you ever had your checking account closed by a financial institution?	YES	NO	YES	NO			
If yes, to any of these questions, please explain:							

## How the Overdraft Protection Line-of-Credit works

If a check or ACH transaction is for more than what is in your checking account, the check or ACH transaction will automatically be covered by advancing funds in **\$50** increments up to your available line-of-credit. You may apply for credit lines from \$100 to \$1,000. Because this is a line-of-credit loan, your application must be approved by a loan officer before activation. Once approved, this amount becomes a personal reserve that you may use (or not use) any way you see fit. The rate on the Overdraft Protection Line-of-Credit is 15% Annual Percentage Rate. The minimum payment of \$30 will be **automatically** withdrawn from your checking account on the **15th** of each month.

## **Overdraft Options**

The undersigned authorizes M-O Federal Credit Union to transfer available funds from my share account(s) or Overdraft Protection Line-of-Credit loan account as indicated below in priority order, in an attempt to pay an overdraft caused by a check or other withdrawal request in my checking account.

If I have chosen the Overdraft Protection Line-of-Credit option below, I further authorize the Credit Union to review my credit and employment history. I understand that in the event that my checking account is overdrawn, and I have chosen the Overdraft Line-of-Credit Ioan option, that the Credit Union will consider such overdraft as a request for a loan advance, in multiples of \$50, subject to the terms and conditions of the Line-of-Credit Contract and Truth-in-Lending Disclosures which I will receive upon approval.

Please attempt to pay an overdraft created in my checking account by transferring from the account(s) referenced below in the order as indicated (1st, 2nd, etc.). I understand that overdrafts will <u>only</u> be paid when the entire overdraft amount can be transferred from one account. **Partial transfers will not be made.** 

	Overdraft Protection-Line-of-Credit loan Regular Savings Other Account Savings (specify account)		(No advance fee, 15% APR) \$5.00 transfer fee \$5.00 transfer fee		
	Other Checking Account (spe	cify account)	\$5.00 transfer fee		
above terms and promise	on to incorporate this authorizatio to pay all advances plus interest stand that the Credit Union has th	as agreed in the t	erms and conditions	of my Loanliner	
X		X			
Borrower Signature	Date	Co-Borro	ower Signature	Date	
Credit Union Use Only:	Date account opened:	Problems	with account?:		
	Debt Ratio:	Approved	pproved Amount:		