

Overdraft Protection Authorization

This form allows you to designate which accounts can be used to cover an "insufficient funds" condition in your TUMCU checking account.



Name: _____ Account Number: _____

Email: _____ Phone Number: _____

List the share/savings account(s) and or lines of credit, sequentially, that you wish to have the funds transferred from to cover any insufficient funds in your checking account.

Account Number	Type of Account

Signature: _____ Date: _____

Please refer to the Rate and Fee Schedule for the most updated information on fees for this service. If you have questions or want to apply for a line of credit, please contact us at 866-657-0004.