

California Adventist Federal Credit Union

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CHECKING ACCOUNT AUTOMATIC OVERDRAFT OPT-IN FORM

Full Name:	Last First		
	LUST		M.I.
Address:	Street Address		Apartment/Unit #:
	City State		Zip Code
Birth date:	Drivers License #:	Social Sec. #:	·
Member Nu	mber:	Draft ID:	
0	authorize CAFCU to automatically process verdrafts and the appropriate fees from my AFCU account.	I understand the item will be a fee will be assessed	e returned and
	DRAFTS . The Credit Union is under no obligce in the share draft account.	gation to pay a share draft which e	xceeds the
sigr ava not fee NS wa clo tim	nere are not sufficient funds in the Share Account(s) nature loan overdraft protection account in an amountable in the loan account the draft will be returned to have a signature loan overdraft protection account will be assessed. As a general rule, if a member will be assessed. As a general rule, if a member will be first three (3) months a share draft accorning letter. If there are three (3) more NSF items (California Adventist Federal Credit Union reserve, for unsatisfactory activity, even in advance of this peretion, to protect its accounts or its members.	unt sufficient to pay the draft. If there are for Non Sufficient Funds (NSF). If you do the draft will be returned for NSF and a rites three (3) checks returned for count is open, they will receive a ms in 90 days the account will be ves the right to close any account at any	no funds
By signing b	pelow you acknowledge and understand your marked c	decision above relating to Overdrafts and its	s appropriate fees.
Member's Si	gnature:	Dat	e:
Joint's Signa	iture (if Applicable):	Dat	e:
••••	(for Office U		• • • • • • • • • •
Regue	st Received By:	Date Received:	