



CHECKING ACCOUNT OVERDRAFT PROTECTION

Transfer from another Account to Checking Account

Member Name (please print) _____

Member Number _____

Checking Account Number _____

Address _____

City _____ State _____ ZIP _____

Phone (day) _____ other phone _____

E-mail address _____

Account Number Back-up Sequence:

	Add	Delete
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>

Member Signature _____ Date _____

FOR OFFICE USE ONLY

Staff Name _____ Date _____

Please return to a Branch or Mail to:

River Valley Credit Union
505 Earl Boulevard
Miamisburg, OH 45342