



**Frontwave Credit Union**  
 1278 Rocky Point Drive  
 Oceanside, CA 92056-5867  
 Toll Free (800) 736-4500  
 Fax (877) 789-7628

**REQUEST FOR OVERDRAFT  
 COVERAGE**

DATE	MEMBER NUMBER
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BORROWER'S NAME AND ADDRESS

CO-BORROWER'S NAME AND ADDRESS

Yes, I would like the Credit Union to pay overdrafts from my checking account(s) by adding the amount of the overdraft(s) to the outstanding balance of my Visa Credit Card account revolving line of credit account. Furthermore, I understand and agree that this request also applies to overdrafts caused by any authorized signers on the checking account. I understand and agree to the following:

Adding the amount of the overdraft(s) and the overdraft fee(s) to my account balance will increase the amount I owe on my account, and such amounts shall accrue interest charges at the same rate as my line of credit advances or my Visa Card's Cash Advances, as applicable. I promise to repay all such amounts according to the terms of my applicable account agreement.

BORROWER'S SIGNATURE	DATE
X	

CO-BORROWER'S SIGNATURE	DATE
X	