



SafetyLink Overdraft Protection Request Form

As a free service, SafetyLink will transfer available funds from your Savings or Money Management Savings (MMS) account to cover checking account balance shortfalls.

Federal regulations limit certain withdrawals and transfers that may be made from Savings and MMS accounts to 6 per month. Detailed information is provided below as well as in BFSFCU's Share Account Agreement, Truth-in-Savings Disclosure, and Fee Schedule which are available in paper copy or on our website, BFSFCU.org.

In the event that you would like additional protection to cover shortfalls in your checking account, we also offer a Line of Credit. You may request a loan application to apply for your Line of Credit or you may apply online at www.BFSFCU.org/apply.

SAFETYLINK DESIGNATION

To request enrollment in SafetyLink, simply provide your Checking account number and the Savings or MMS account number you wish to designate for SafetyLink transfers. You will be notified when your SafetyLink has been activated.

Checking Account Number	
Savings or MMS Account Number for SafetyLink Transfers	
Phone Number	
Email Address	

For members who maintain both a Line of Credit and SafetyLink for overdraft protection, please note that the default sequence for handling overdrafts is the Line of Credit first and then Safety Link. By checking the box below, you can designate your preference that the sequence for handling overdrafts be SafetyLink first, followed by your Line of Credit.

I would like to use SafetyLink first, then the Line of Credit for overdraft protection.

Please read and sign below.

Federal law limits the number of transfers that may be made by electronic means, including automatic transfers from savings accounts. These limitations can be found in the Truth-In-Savings Disclosure for your savings account. Any transfer request in excess of those permitted will not be processed, will be returned for insufficient funds and will be subject to an NSF fee, as listed on our Fee Schedule, if your Overdraft Protection is also insufficient.

I have received and reviewed the BFSFCU Share Account Agreement, Truth-in-Savings Disclosure and Fee Schedule and I understand the full terms and conditions.

Member Name	Member Signature	Date

To complete your enrollment request, retain a copy of this form for your records and submit the original form by dropping it off at one of our branches or sending it via mail to BFSFCU at 1725 I Street, NW, Suite 150, Washington, DC 20006. For questions regarding SafetyLink, please call us anytime 24x7 at 202-212-6400 or, toll-free at, 1-800-9BFSFCU.