Overdraft Protection
Enrollment Form

OVERDRAFT PROTECTION

I elect to have overdraft protection on my current checking account with BMCU.

Account #_____

_____

Signature date

9400 Ward Parkway Kansas City, MO 64114 Phone (816)-822-3189 Fax (816) 822-3184
Website: creditunion.burnsmcd.com Email: memberservice@bmcdcreditunion.com