

**Courtesy Payment Program
Opt-Out & Out-In Form**

PURPOSE: You must complete "Member Name" & "Account #", information and select either Choice A or B.

Use this form when you do not want the credit union to pay your overdrafts under its Courtesy Payment Program by marking an "X" at CHOICE A.

Use this form if you previously elected to Opt-Out of this Courtesy Payment Program and would like to Opt back in to the program by marking an "X" at CHOICE B.

Do not complete this form if you have applied for and received a separate overdraft line of credit with the credit union. This form will not affect and overdraft lines of credit.

MEMBER NAME: _____ ACCOUNT #: _____

CHOICE A:

____ I DO NOT WANT THE CREDIT UNION TO PAY MY OVERDRAFTING ITEMS UNDER THE COURTESY PAYMENT PROGRAM. RETURN ANY OVERDRAFTING ITEMS UNPAID THAT I MAY WRITE. IF I OVERDRAW MY ACCOUNT, I UNDERSTAND THAT I WILL BE CHARGED AN NSF FEE, THE ITEM(S) WILL BE RETURNED UNPAID, AND I WILL BE RESPONSIBLE FOR ANY FEES IMPOSED BY MERCHANTS AND COLLECTION AGENCIES IN ADDITION TO ULTIMATELY PAYING THE NSF ITEM CHECK.

CHOICE B:

____ I PREVIOUSLY ELECTED TO OPT-OUT OF THE COURTESY PAY PROGRAM. I WOULD LIKE TO OPT BACK IN TO THE PROGRAM. I REQUEST THAT THE CREDIT UNION REINSTATE COURTESY PAY ON MY ACCOUNT.

MEMBER SIGNATURE

DATE