



COURTESY PAY OVERDRAFT PRIVILEGE OPT-OUT FORM

Member Name: _____

Member Account Number: _____

I am requesting that the Courtesy Pay Overdraft Privilege be removed from my Checking/Share Draft Account. I Understand that it may take up to 3 business days to process this request.

By suspending my Overdraft Privilege, I understand that any and/or all of my insufficient fund checks may be returned to the Payee, and I agree to hold the Credit Union harmless, and without liability, for any Payee fees or other consequences that may result from this action. The Credit Union will continue to charge a \$25 NSF handling fee for any transactions presented to the Credit Union drawn on insufficient funds.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the Credit Union to suspend the Overdraft Privilege.

I/we have the right for United Local Credit Union to reinstate this program at any time on the condition I/we provide them the request to do so in written documentation and qualify for the service.

Member or Joint Owner Signature

Date

Please complete this form and return it to:

United Local Credit Union
3650 E. Ashlan Ave
Fresno, CA 93726

Or via fax:
559-227-8432