

Courtesy Pay Opt In/Out

PURPOSE: By completing this form you may choose to enroll in or opt out of the PFFCU Courtesy Pay program by providing your initials by the choice to Opt In or Opt Out below.

Please complete the information below, choose to Opt In or Opt Out and sign/date where indicated.

OPT IN (Previously Opted Out):

_____ I/we chose to opt out of the Courtesy Pay Program but now want the credit union to pay my/our overdrafts under the Courtesy Pay program. If I/we overdraw my/our account, I/we understand that I/we will be charged a Courtesy Pay fee. (Does not include everyday ATM/ Debit card transactions, **does** include recurring Debit card transactions.)

OPT OUT:

_____ I/we do not want the credit union to pay my/our overdrafts under the Courtesy Pay program. Return any overdrafts unpaid that I/we may write or authorize. If I/we overdraw my/our account, I/we understand that I/we will be charged an NSF fee as well as fees imposed by merchants and collection agencies in addition to ultimately paying the overdrawn item.

Members Printed Name	Account Number	Members Printed Name	Account Number
Members Signature	Date	Members Signature	Date
X		X	