

## Overdraft Courtesy Pay Opt Out Form

I **do not** want to participate in Postel Family Credit Union's Overdraft Courtesy Pay service. I understand by checking this option and signing this form that, in the event I overdraw my checking account, Postel Family Credit Union will not provide my account with Overdraft Courtesy Pay protection, and that I may be charged Insufficient Funds Fees (NSF) and/or Negative Balance Fees by Postel Family Credit Union. I may also be charged fees by merchants and collection agencies in addition to ultimately having to pay the overdrawn check. **Checking this option also removes ATM/Debit Card Courtesy Pay service from your account, if applicable.**

I **do not** want to participate in Postel Family Credit Union's ATM/Debit Courtesy Pay service. I understand by checking this option and signing this form that Postel Family Credit Union will not provide my account with ATM/Debit Courtesy Pay protection and that ATM or Debit Card transactions will not be authorized unless I have sufficient funds to cover any such transaction(s). **Checking this option only removes ATM/Debit Card Courtesy Pay from your account.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

