



Overdraft Privilege Opt-Out Request

Member Name:

Account Number:

Daytime Phone Number:

By signing this form, I hereby opt-out of the Overdraft Privilege service that Community Choice Credit Union offers. I understand this service would pay overdrafts that occur on my account, up to the limit established based on my account status, for the same fee as a standard Non-Sufficient Funds (NSF) charge. I also understand that only one signature is required to remove this service from my account even if it is in joint-ownership.

By refusing this service, I also accept and agree to the following:

- Community Choice Credit Union will not pay any checks or electronic payments authorized on my account that exceed my available balance. Debit card payments that are authorized on my account prior to the occurrence of my negative balance will be paid and an overdraft fee may apply.
- Unpaid items will be returned and a non-sufficient funds charge of \$30.00 will be charged to my account for each applicable item.
- Community Choice will not reimburse my non-sufficient funds charges.
- Community Choice is not liable for any additional fees charged to me by merchants due to the unpaid item.
- The non-sufficient funds charge will apply to all unpayable checks, debit purchases, or electronic payments regardless of the amount of the transaction. There is no limit to the number of overdraft charges that can be charged in any given day, month, or statement period.
- I may request overdraft protection from an eligible savings account. I understand that there are terms and conditions for that service I must also agree to separately.
- I understand that if I would like to utilize this service in the future, I must submit a written request and my account will be reviewed for eligibility at that time.
- I understand I will receive an overdraft fee concurrent with each unpayable transaction; Community Choice Credit Union does not charge a daily, weekly, or monthly fee for overdrafts.

Member Signature:

Date:

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