



## COURTESY PAY OPT OUT REQUEST FORM

By requesting that my Courtesy Pay Overdraft Service be removed, I understand that any and/or all insufficient or unavailable fund checks, ACH, Electronic Presentments & Automatic Payments 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 the current NSF Fee as disclosed in the Schedule of Fees for any transactions presented to the Credit Union drawn on insufficient or unavailable funds.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the Credit Union to remove the Courtesy Pay Overdraft Service.

I or any joint account holders have the right to request the reinstatement of this service at any time on the condition I/we provide them the request to do so in writing and meet all conditions of eligibility for this service.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**For Office Use Only**

Completed By: \_\_\_\_\_

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

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Fresno, CA 93726  
(559) 227-8329

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