TruNeighbor CREDIT UNION

Real People. Real Service. Real Neighbors.

FRIENDSHIP COURTESY PAY OPT-OUT

_____ _____

Account Number **Sub#**

_____

Account Owner Name

_____

Joint Owner Name

Opt-Out

I hereby authorize TruNeighbor Credit Union to stop the Courtesy Pay service on my account. I understand that by not allowing this service on my account, all items will be rejected if I do not have the required funds to pay for the item in my account or I don't have other overdraft options established. An overdraft fee of $30.00 will be assessed for each item rejected.

The undersigned continues to agree(s) to the terms stated on the account agreement and share/share draft account disclosure.

_____ _____

Signature **Date**

FOR OFFICE
USE ONLY Processed Date _____ Teller # _____