



COURTESY PAY OPT-OUT REQUEST

Member Name: _____

Member Address: _____

Member Number: _____

By opting-out of Courtesy Pay, I understand that any and/or all of my insufficient fund transactions may be dishonored or returned to the Payee. The Credit Union will continue to charge its return item fee for any transactions presented to the Credit Union drawn on insufficient funds. Please refer to the Rate and Fee Schedule for the current fee.

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

I (we) have the right to have this program reinstated at any time on the condition I (we) meet any eligibility requirements.

If at any point you should choose to opt-in, please contact our Member Care Center at 888.493.4328, option 3 or visit a branch.

Member Signature

Date

**Please complete this form and return it to your local branch.
You may also send it by mail:**

Georgia United Credit Union
P.O. Box 100070
Duluth, GA 30096-9370

Or via fax:
770.476.6463