



Overdraft Privilege Opt In Form

Account # _____
First Name _____
Address _____
City _____ ST _____ Zip _____

Date _____
Last Name _____
Phone _____
Email _____

I, _____ hereby authorize CODE Credit Union to apply Overdraft Privilege to my account number listed above. I understand that if an overdraft should occur, the item presented for payment may be paid and my account **will** be charged the standard NSF fee of \$29.00. I also understand that this service is at the discretion of the credit union and CODE has the right to return or decline the check or charge to the payee. CODE also has the right to cancel this service at anytime.

Member Signature

Employee Receiving Request

Date