



## Overdraft Privilege Opt Out Form

Account # \_\_\_\_\_

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize CODE Credit Union to cancel the Overdraft Privilege limit on my account number listed above. I understand that if an overdraft should occur, the item presented for payment may not be paid any my account **will** be charged the standard NSF fee of \$ \_\_\_\_\_. The item may then be returned to the payee.

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

\_\_\_\_\_  
Employee Receiving Request                      Date