LAFAYETTE FEDERAL CREDIT UNION
COURTESY PAYMENT PROGRAM

OPT-OUT AND OPT BACK IN FORM

PURPOSE: You must complete questions 1 and 2. You must sign and print your name below. Use this form when you want to change your options under the Courtesy Payment Program. This request will not affect any overdraft lines of credit (loans) or automatic share transfers and will be processed within 24 hours. Please complete this form and send it to us via fax at 240-747-3376; drop it off at any of our branch locations or mail it to 3535 University Boulevard West, Kensington, MD 20895, Attention: Support Operations Department.

1. MY CHECKING ACCOUNT NUMBER IS: _____

2. IS THIS A JOINT ACCOUNT? _____

OPT-OUT

I/We do not want the credit union to pay my/our overdrafts under the Courtesy Payment Program. Return any overdrafts unpaid that I/we may write. If I/we overdraw my/our account, I/we understand that I/we will be charged an overdraft fee as well as fees imposed by merchants and collection agencies in addition to ultimately paying the overdrawn check.

_____
Member Signature Print Your Name Date

_____
Joint Member Signature Print Your Name Date

OPT BACK IN

I/We have changed our minds and want the credit union to pay my/our overdrafts under the Courtesy Payment Program. I/We agree to pay the Courtesy Payment fees associated with this account as stated in the credit union's fee schedule. Please complete this form and send it to us via fax at 240-747-3376; drop it off at any of our branch locations or mail it to 3535 University Boulevard West, Kensington, MD 20895, Attention: Support Operations Department.

_____
Member Signature Print Your Name Date

_____
Joint Member Signature Print Your Name Date

Below section for office use only

_____	_____	Circle Y or N_
Employee accepting request	Date & Time faxed/sent to Program Administrator	Confirmation email sent to Program Admin.