

## Courtesy Payment Program Opt Out and Opt Back In Form

Please complete this form and send it to us via fax at 240-747-3379; email to [memberservice@lfcu.org](mailto:memberservice@lfcu.org); drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

### 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.

1. My checking account number is: \_\_\_\_\_

2. Is this a joint account?     Yes     No

### 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's Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Member's 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.

Member's Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Member's Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only:

Employee Accepting Request: \_\_\_\_\_

Date and Time Faxed/Sent to Program Administrator: \_\_\_\_\_

Confirmation email sent to Program Administrator:     Yes     No