

**SUMMIT CREDIT UNION
OVERDRAFT PRIVILEGE OPT-OUT FORM**

Member Name: _____

Member Address: _____

Member Account Number: _____

You have opted-out of the Overdraft Privilege service provided by Summit Credit Union. However, you may periodically continue to receive information about this service.

By suspending your Overdraft Privilege, you understand that any and/or all of your insufficient fund checks may be returned to the Payee, and agree to hold the Credit Union harmless, and without liability, for any Payee fees or other consequences that may result from this action. The Credit Union will continue to charge its standard NSF fee for any transactions presented to the Credit Union drawn on insufficient funds.

If this is a joint account, you agree that the signature of only one accountholder is necessary for the Credit Union to suspend the Overdraft Privilege.

You request Overdraft Privilege be reinstated provided you qualify for the service.

Member Signature

Date

Joint Account Owner Signature

Date

Please complete this form and return it to us either by mail:

**Summit Credit Union
8210 West Market St.
Greensboro, NC 27409**

**Or via fax:
336-662-6100**

Official Use:

Share Level Control Flag 57 added/removed by: _____.

Scanned into FastDocs in the Service Support/Authorizations/ODP Opt Out Folder