

Courtesy Pay Overdraft Opt-In Notification

Please sign and then return this Courtesy Pay Overdraft Opt-In Acknowledgement Letter to Guthrie Federal Credit Union as soon as possible, in order to participate in our Courtesy Pay Non-Sufficient Funds Debit Card Point of Sale (POS) and ATM Overdraft Transaction Program.

Please be sure to mark the line, and sign the form, as your acknowledgement to participate in the Courtesy Pay Overdraft Program for both point of sale debit card transactions, as well as, ATM transactions. Then please **return the signed portion of this acknowledgement form to Guthrie Federal Credit Union as soon as possible.**

I wish to participate in the following courtesy pay overdraft program:

____ I agree to have Guthrie FCU authorize & pay transactions that may overdraft my account via debit card for every day point of sale (POS) transactions and/or ATM transactions. I understand that with each Non-Sufficient Funds (NSF) transaction that is processed through my account with my debit card from point of sale transactions, and/or ATM transactions, that I will be charged a \$20 fee for each Point of Sale / ATM transaction that overdrafts my account.

** In the event of repeated overdrafts, the Credit Union may terminate all automated card services to the account **

Print name: _____ **Date:** _____
Member's signature: _____ **Member account#:** _____

***Please note** – Guthrie Federal Credit Union will be sending you back a notice of confirmation that you have signed up for the Courtesy Pay ATM Transaction / Debit Card Point of Sale Overdraft Program.

If you wish to receive your confirmation notice via e-mail, please fill in your e-mail address below.
E-mail address: _____.

Thank you.

Guthrie Federal Credit Union
"A Place **YOU** Belong"