

Form

Account # _____

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. FMFCU may cover your overdrafts in two different ways:

1. Through Overdraft Protection, in which FMFCU links your account to a Line of Credit or savings account to support automatic transfers, both of which may be less expensive than the options that follow.
2. Through a Standard Overdraft Program, known as Overdraft Privilege (ODP), which is a discretionary service that may be offered on a checking account, after eligibility criteria is met.
3. Through an Extended Overdraft Privilege (ODP) service that adds coverage for Non-Recurring Point of Sale (POS) Debit Card transactions listed below.

Select **One** of the Following:

___ **Opt Out of all transactions** covered by ODP

I understand all future transactions such as ACH, Checks, Bill Payer and all POS/Debit Card transactions relying on the ODP limit for approval, (including Preauthorized/Recurring Point of Sale (POS) will be returned and/or declined. When your own funds are not available to cover an item a \$35.00 NSF Fee will be charged for each presentment or the transaction will be declined (as applicable).

OR

___ **Opt Out of Everyday Non-Recurring Point of Sale (POS) Debit Card transaction** coverage

I understand all future Everyday Non-Recurring Point of Sale (POS) Debit Card transactions will be declined if I do not have available funds in my checking account. ACH, Checks, Bill Payer and Preauthorized/Recurring POS Debit Card transactions will continue to be covered without interruption while the account remains in good standing unless I select the Opt Out above.

- ❖ Account changes and a confirmation of your selection will be processed within one business week.
- ❖ This supersedes any other Opt In/Opt Out request on file for the above checking account number. You can elect to Opt In at to the ODP service(s) at any time.

Member Name: _____ Account #: _____

Member Signature: _____ Date: _____

<u>Deposit Operations Use Only</u>		
Staff Name: _____		Date: _____
Debit Card/POS Opt Out	Change Code ____	Partial Opt Out Confirmation Sent ____
Full ODP Opt Out	Change Memo Field Limit ____	Full Opt Out Confirmation Sent ____