

Opt-Out Request Form – Privilege Pay

Name: _____ Account Number: _____

I request that Glass City FCU remove my account(s) from the Privilege Pay Program.* I understand that by opting out of Privilege Pay, Glass City FCU will not be obligated to pay any checks written against my checking account if there are non-sufficient funds; my NSF items may be returned, unpaid, to the payee; and applicable NSF fees will be charged to my account.

Signature: _____ Date: _____

Please mail to: Glass City Federal CU, 1340 Arrowhead Drive, Maumee, Ohio, 43537

**Glass City FCU will normally pay overdrafts within the Privilege Pay limit, but payment is a discretionary courtesy and not a right or obligation. Please refer to the credit union's Privilege Pay Policy for more information.*

Privilege Pay Reinstatement (after Opting Out)

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR CU USE ONLY: Approved By: _____ Date: _____