

In order to take advantage of HRCCU's Courtesy Pay Program, you must opt-in to the program in writing. Please fill out and sign the form below. If you have more than one checking account at HRCCU, and would like to have them covered by HRCCU's Courtesy Pay Program, you must fill out a form for each account. *Please note: You have the right to opt-out of Courtesy Pay at any time.*

HRCCU COURTESY PAY OPT IN/OPT OUT AGREEMENT

_____ **I want (Opt-In) HRCCU** to continue to authorize and pay overdrafts on my share draft (checking) account as outlined in HRCCU's Courtesy Pay guidelines. I understand that if I opt-in, when an item is presented and I do not have sufficient funds to cover payment, HRCCU may honor the transaction(s) and charge me a \$25.00 fee per item. *Please note: You have the right to Opt-out of Courtesy Pay at anytime.*

_____ **I do not want (Opt-Out) HRCCU** to authorize and pay overdrafts on my share draft (checking) account as outlined in HRCCU's Courtesy Pay guidelines. I understand that if I opt out, when an item is presented and I do not have sufficient funds to cover payment, HRCCU may return the item for insufficient funds and charge me a \$25.00 fee per item.

Printed Name: _____

Date: _____

Signature: _____

Member Number: _____

Email Address: _____

Completed and signed forms may be faxed to (518) 654-9605 or apply online @ www.hrccu.org and click on the Opt In button.

If you are faxing this form, PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS. THE COPY SERVES AS CONFIRMATION OF YOUR DECISION TO OPT-IN/OPT-OUT OF COURTESY PAY.