

Courtesy Pay Opt-Out / Limit Change

Account Owner Name _____ Account # _____

Joint Owner Name _____ Account Suffix(s) _____

Opt-Out I hereby authorize Northern Skies Federal Credit Union to stop the Courtesy Pay service on my account. I understand by removing this service from my account, any and all items will be rejected if I do not have the required funds to pay the item in my account at the time of presentation. An overdraft fee of \$25.00 will be assessed for each item that is rejected.

By signing below, I also agree to the terms stated on the account agreement and share/share draft account disclosure and that this Courtesy Pay service form supersedes all previously dated Courtesy Pay service forms.

Signature _____ Date _____

Limit Change I hereby authorize Northern Skies Federal Credit Union to change the Courtesy Pay service limit on my account. I understand that by decreasing the limit from \$500.00, items will be rejected after the limit that I have indicated below on this form has been reached. I also understand that an overdraft fee of \$25.00 will be assessed for each item rejected.

Courtesy Pay amount requested \$ _____ (not to exceed \$500.00)

By signing below, I also agree to the terms stated on the account agreement and share/share draft account disclosure and that this Courtesy Pay service form supersedes all previously dated Courtesy Pay service forms.

Signature _____ Date _____

Date Posted: _____ By: _____