



## Request To Withdraw From The Member Overdraft Privilege Program

I, the undersigned, as an owner of account number \_\_\_\_\_, do not wish to have the Member Overdraft Privilege limit applied to this Checking Account. I understand that in signing this waiver, Associated Credit Union will not provide Member Overdraft Privilege protection, as disclosed to us, for this account. The only overdraft privilege I will have will be from an approved Line of Credit, my Share Account, or my Money Market Account. I further understand that in order to have Associated Credit Union apply the Member Overdraft Privilege limit to this account in the future, the account must be in good standing at the time of the request to do so. Also, if I wish to have Member Overdraft Privilege protection for ATM transactions or everyday Debit Card transactions, I must request such coverage separately.

Request to **Withdraw** from the Member Overdraft Privilege program (Entire program)

Request to **Rescind** the previous request to Withdraw from the Member Overdraft Privilege program

\* By rescinding your previous request, you will only be opting back in to Basic Member Overdraft Privilege coverage. You will need to request ATM transactions or everyday Debit Card transactions separately.

### Member(s) Signature

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Office Use Only

Date Requested \_\_\_\_\_ Time of Request \_\_\_\_\_

Method of Notification \_\_\_\_\_ Teller ID \_\_\_\_\_