

AllCom Credit Union
Overdraft Privilege Opt-Out Form

Member Name: _____

Address: _____

Account Number: _____

(This form is in response to your request to opt-out of a service provided by AllCom Credit Union, ("Credit Union"). However, you may periodically continue to receive information about this service).

By opting out of Overdraft Privilege, I understand that any and/or all of my insufficient fund checks may be returned to the Payee, and I agree to hold the Credit Union harmless, and without liability, for any Payee fees or other consequences that may result from this action. The Credit Union will continue to charge its \$25.00 return item fee for any transactions presented to the Credit Union drawn on insufficient funds.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the credit union to suspend the Overdraft Privilege.

I (we) have the right to reinstate this program at any time on the condition I (we) provide the Credit Union the request to do so in written documentation and qualify for the service.

Member Signature Date

Joint Account Owner Signature Date

Please complete this form and return it to us either by mail:

AllCom Credit Union
36 Park Avenue
Worcester, MA 01609
Or via fax:
508-754-7487