



## Courtesy Pay Privilege Opt Out Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Member Number: \_\_\_\_\_

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

By opting out of Courtesy Pay, I understand that any and/or all of my insufficient fund transactions may not be honored or 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 return item fee, currently \$30.00, 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 Courtesy Pay Privilege.

I (we) have the right to have this program reinstated at any time on the condition I (we) provide the Credit Union with a written request to do so and meet eligibility requirements.

\_\_\_\_\_  
Depositor Signature                      Date                      Joint Account Owner Signature                      Date

### **OPT BACK IN**

I/We request that the aforementioned account be reinstated in the Credit Union's Courtesy Pay Program subject to the terms and conditions of the Courtesy Pay Disclosure. I have been provided with a copy of the Courtesy Pay Disclosure.

\_\_\_\_\_  
Depositor Signature                      Date                      Joint Account Owner Signature                      Date

**Please complete this form and return it to us at:**

By Mail: **New England Teamsters Federal Credit Union**  
548 Main St  
Boston, MA 02129  
By fax: 617-241-2808  
By Email: [opsdept@netfcu.org](mailto:opsdept@netfcu.org)