



Overdraft Privilege Consent Form

Member Name

Address

City

State

Zip

Account Number

I do want Copper State Credit Union to authorize and pay overdrafts on:

- checks written, ACH transactions, preauthorized automatic transfers, internet banking, and telephone banking, **plus**
- ATM withdrawals and one-time debit card transactions.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the Credit Union to authorize and pay overdrafts as indicated above.

If you authorize Copper State Credit Union to pay overdrafts for ATM withdrawals and one-time debit card transactions, you or any joint owner on the referenced account may revoke it at any time by contacting the credit union in writing.

I do want Copper State Credit Union to authorize and pay overdrafts on:

- checks written, ACH transactions, preauthorized automatic transfers, internet banking, and telephone banking, **but not on**
- ATM withdrawals and one-time debit card transactions.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the Credit Union to authorize and pay overdrafts as indicated above. I understand ATM withdrawals and one-time debit card transactions will be denied, if there are not sufficient funds in my account to cover the transactions.

I do not want Copper State Credit Union to authorize Overdraft Privilege on any type of payments or withdrawals. I elect to opt-out completely from the program. 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.

By opting out of Overdraft Privilege, I understand that the Credit Union will return unpaid all items presented against insufficient funds. 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 \$33 NSF fee for any transactions presented to the Credit Union drawn on insufficient funds.

I/we have the right for the Credit Union to reinstate this program at any time on the condition I/we provide them 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 or fax:

Copper State Credit Union
15458 N. 28th Avenue | Phoenix, AZ 85053

or via fax: 602.491.0055

