



Opt-Out Notice For Privilege Pay Overdraft Program

Member Name: _____

Account Number(s): _____

I request that Amplify Federal Credit Union remove my account(s) from the Privilege Pay Overdraft Program. I understand that by opting out of the Privilege Pay Overdraft Program*, Amplify Federal Credit Union will not be obligated to pay any debit items against my checking account if there are insufficient funds, and my NSF items may be returned unpaid to the payee.

Signature _____

Date _____

Please Mail or Fax Form To:
Amplify Federal Credit Union
P.O. Box 85300
Austin, TX 78708
FAX: (512) 491-1018

Credit Union Use Only:

Rcvd By

Teller #

Identification Used (required)**

Support Services Rep

Date Loaded in System

* Amplify Federal Credit Union will normally pay overdrafts within the Privilege Pay limit, but payment is a discretionary courtesy and not a right or obligation. Please refer to our Privilege Pay policy.

** Indicate DL state/number, passport number, etc. If this is a phone request, please indicate method used to positively ID member; i.e.: SSN & DOB