

**PUBLIX EMPLOYEES FEDERAL CREDIT UNION
COURTESY PAYMENT PROGRAM**

OPT-OUT AND OPT BACK IN FORM

PURPOSE: You must complete questions 1 and 2. You must sign and print your name below. Use this form when you want to change your options under the Courtesy Payment Program. Do not complete this form if you have applied for and received a separate overdraft line of credit with the financial institution. This form will not affect any overdraft lines of credit (loans).

1. MY CHECKING ACCOUNT NUMBER IS: _____

2. IS THIS A JOINT ACCOUNT? _____

OPT-OUT

I/We do not want the financial institution to pay my/our overdrafts under the Courtesy Payment Program. Return any overdrafts unpaid that I/we may write. If I/we overdraw my/our account, I/we understand that I/we will be charged an overdraft fee as well as fees imposed by merchants and collection agencies in addition to ultimately paying the overdrawn check.

ACCOUNT HOLDER SIGNATURE

DATE

JOINT ACCOUNT HOLDER SIGNATURE

DATE

OPT BACK IN

I/We have changed our minds and want the financial institution to pay my/our overdrafts under the Courtesy Payment Program. I/We agree to pay the Courtesy Payment fees associated with this account as stated in the financial institution's fee schedule.

ACCOUNT HOLDER SIGNATURE

DATE

JOINT ACCOUNT HOLDER SIGNATURE

DATE