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 <u>not</u> affect any overdraft lines of credit (loans).

I. MY CHECKING ACCOUNT NUMBER IS: _		
2. IS THIS A JOINT ACCOUNT?		
OPT-OUT		
I/We do not want the financial institution to pay Payment Program. Return any overdrafts unpaid my/our account, I/we understand that I/we will be imposed by merchants and collection agencies overdrawn check.	that I/we may write. If I/we over charged an overdraft fee as well a	erdrav as fee
ACCOUNT HOLDER SIGNATURE	DATE	
JOINT ACCOUNT HOLDER SIGNATURE	DATE	
OPT BACK IN		
I/We have changed our minds and want the finan- under the Courtesy Payment Program. I/We agr associated with this account as stated in the financial	ree to pay the Courtesy Paymer	
ACCOUNT HOLDER SIGNATURE	DATE	
JOINT ACCOUNT HOLDER SIGNATURE	DATE	