



**Overdraft Privilege Service OPT-IN Form
Check/ACH Transactions**

OPT-IN

I wish to participate in Family First Credit Union's Overdraft Privilege Service. I want FFCU to authorize and pay overdraft Check and/or ACH (Automated Clearing House) Transactions. I am aware of the \$35 fee for each Check and/or ACH transaction paid by the credit union, and accept any fees associated with the payment of overdraft transactions(s).

Name: _____

Account #: _____

Signature: _____

Date: _____

Family First Credit Union
1011 N. Michigan Ave.
Saginaw, MI 48602
www.fam1st.com

<u>Office Use Only</u>	
<input type="checkbox"/> Account Coded in Galaxy	
Staff _____	Date _____



**Overdraft Privilege Service OPT-OUT Form
Check/ACH Transactions**

OPT-OUT

I choose not to participate in Family First Credit Union's Overdraft Privilege Service. I do not want FFCU to authorize and pay overdraft Check and/or ACH (Automated Clearing House) Transactions, understanding that without available funds in my account the transactions will be declined.

Name: _____

Account #: _____

Signature: _____

Date: _____

Family First Credit Union
1011 N. Michigan Ave.
Saginaw, MI 48602
www.fam1st.com

<u>Office Use Only</u>	
<input type="checkbox"/> Account Coded in Galaxy	
Staff _____	Date _____