**Courtesy Pay Opt-out or Opt-in Request**

**What is Courtesy Pay?**

Courtesy Pay is a discretionary service offered by Members 1st to eligible checking accounts to pay items presented for payment in the event you have an insufficient available balance. Courtesy Pay is only used when no funds are available in your checking account and you have exhausted available funds from enrolled overdraft savings or lines of credit overdraft sources. With Courtesy Pay, Members 1st may pay items presented against your account, even if it takes your account negative up to the amount of the current overdraft limit.

**What cost is involved with Courtesy Pay?**

There are no fees to have Courtesy Pay protection unless the limit is used to pay items. An item paid by Courtesy Pay is charged $37. Without Courtesy Pay, an item would be returned for insufficient funds (NSF) and charged $37.

If you opt out your overdraft protection sources will not change.

☐ **Courtesy Pay opt-out**

To opt out, please return this completed form with your name, account number and signature.

I/We do not want the credit union to pay my/our overdrafts under the Courtesy Pay service. If items are presented for payment and my checking account and linked overdraft protection transfer sources have an insufficient available balance I/we understand that the item(s) will be returned unpaid and my/our account will be charged a $37 insufficient funds (NSF) fee.

_________________________  __________________________
Printed Name  Account Number

_________________________
Signature (Member)

_________________________
Date

☐ **Opt-in**

I/We have changed my/our mind(s) and want Members 1st to pay any items presented against an insufficient available balance using the Courtesy Pay service. I/we understand that this is a discretionary service and my account must be eligible and remain in “good standing” in order to participate in this service. I/We understand that a Courtesy Pay fee will be charged for each item paid using the Courtesy Pay limit and I/we agree to repay any resulting negative balance within 30 days.

_________________________  __________________________
Printed Name  Account Number

_________________________
Signature (Member)

_________________________
Date

• Please return the completed form to Deposit Operations