



# Courtesy Pay Opt-Out

Date \_\_\_\_\_

Account No. \_\_\_\_\_

Member Name \_\_\_\_\_

Phone Number \_\_\_\_\_ S.S. # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Member Signature X \_\_\_\_\_

Please use this form as my authorization to remove my account from Cornerstone Community Financial Federal Credit Union's (Cornerstone Community Financial's) Courtesy Pay program. I understand that by opting out of this services, the credit union will automatically return checks for Non-Sufficient Funds if the available balance in my checking account combined with all other pre-authorized overdraft and transfer accounts is not enough to cover the check. The pertinent information needed by the credit union to remove my account from this service is listed above.