

Courtesy Pay Opt-Out/Limit Change

Account Number

Sub#

Account Owner Name

Joint Owner Name

Opt-Out

I hereby authorize the University of Illinois Employees Credit Union to stop the Courtesy Pay service on my account. I understand by not allowing this service on my account, all items will be rejected if I do not have the required funds to pay the item in my account. An overdraft fee of \$25.00 will be assessed for each item rejected.

The undersigned continues to agree(s) to the terms stated on the account agreement and share/share draft account disclosure.

Signature

Date

Limit Change

I hereby authorize the University of Illinois Employees Credit Union to change the Courtesy Pay service limit on my account. I understand by decreasing the limit from \$500.00, items will be rejected after the limit that I have indicated on this form. An overdraft fee of \$25.00 will be assessed for each item rejected.

Courtesy Pay amount requested \$_____ (not to exceed \$500.00)

The undersigned continues to agree(s) to the terms stated on the account agreement and share/share draft account disclosure.

Signature

Date

This Courtesy Pay service form supersedes all previously dated Courtesy Pay service forms.

FOR OFFICE
USE ONLY

Processed Date _____

Teller # _____

4/03