



OVERDRAFT PRIVILEGE OPT OUT

You May Opt Out of This Service at any Time: You have no obligation to participate in our Overdraft Privilege Service (ODP). If you do not use the service, it costs you nothing. Generally, it is better – and less expensive – for you if we honor your occasional overdrafts than if we deny or return your NSF items unpaid. You may be able to avoid this by applying for an Overdraft Line or Credit or savings account transfer arrangement with us to cover your overdrafts. Otherwise, if you do not want us to consider payment of your occasional overdrafts, it will be our normal practice to deny authorizing or paying any of these items for you. This may cause you additional expense and embarrassment. If you do not want the service, all you need to do is contact one of our service representatives at 800-992-8472. We will mark your account records to show that you do not want the service. You understand however, that even though we will mark your account records to indicate you do not want us to authorize/pay any NSF transactions you initiate using our Overdraft Privilege Service (ODP), we cannot guarantee that we will never exercise our discretion to authorize or pay a transaction you have initiated and for which you do not have sufficient collected funds (of your own money). You understand that we may authorize/pay one or more of your NSF items in error or inadvertently. You should also notify any joint account holder that you have elected to Opt Out from this service, as this may cause additional expense and embarrassment for the joint account holder unless you have made other arrangements with us for overdraft protection services.

Neither you nor a Joint Account Holder, if any, must acknowledge or sign this Opt Out Disclosure. However, to further insure that we will not authorize/pay any NSF transactions you, or a joint account holder, might make – it may be helpful for both of us to have your acknowledgment of this Opt Out on file.

Account number		
_____	_____	_____
Account holder name (please print)	Signature	Date
_____	_____	_____
Joint account holder name (please print)	Signature	Date

GE Credit Union
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