

Matanuska Valley Federal Credit Union
Overdraft Privilege Program Opt Out/Opt Back In Form

Member Name: _____

Member Address: _____

Account Number: _____

OPT OUT (sign this box only if you are opting out of the ODP program)

(This form is in response to your request to opt out of a service provided by Matanuska Valley Federal Credit Union, (Credit Union). However, you may periodically continue to receive information about this service.)

By opting out of Overdraft Privilege, I understand that any and/or all of my insufficient fund transactions may be dishonored or returned to the Payee, and I agree to hold the Credit Union harmless, and without liability, for any Payee fees or other consequences that may result from this action. The Credit Union will continue to charge its return item fee, currently \$18, for any transactions presented to the Credit Union drawn on insufficient funds.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the Credit Union to suspend the Overdraft Privilege.

I (We) have the right to have this program reinstated at any time on the condition I (we) provide the Credit Union with a written request to do so and meet eligibility requirements.

Depositor Signature Date Joint Account Owner Signature Date

OPT BACK IN (sign this box only if you are opting back in to the ODP program)

I (We) request that the aforementioned account be reinstated in the Credit Union's Overdraft Privilege program subject to the terms and conditions of the Membership and Account Agreement and Overdraft Privilege Disclosure. I have been provided with a copy of the Membership and Account Agreement and Overdraft Privilege Disclosure.

Depositor Signature Date Joint Account Owner Signature Date

Please complete this form and return it to us either in person, by mail:

Matanuska Valley Federal Credit Union
1020 S. Bailey St.
Palmer, AK 99645

Or via fax:
(907) 745-9178