

**COURTESY PAY PRIVILEGE REQUEST
HIGH PLAINS FEDERAL CREDIT UNION**

What you need to know about Courtesy Pay and Courtesy Pay Fees:

High Plains Federal CU offers Courtesy Pay as a service for our members when there are not have enough funds in your account to cover a transaction. Each transaction covered under Courtesy Pay will result in a fee of \$25.00. **To have this service you must sign below and “OPT IN”.**

Note: Courtesy Pay balances must be paid back within 30 days and accounts must be positive for 24 hours before Courtesy Pay is available again.

If a transaction is returned to a merchant, the Credit Union charges a Non-sufficient funds charge to your account, (\$25.00). The merchant may also charge a return check fee as well, which will vary with each merchant.

Please check one of the items below and sign the form to either:
“**OPT IN**” to this service or “**OPT OUT**”.

_____ **OPT OUT:** I do not want to participate in Courtesy Pay at HPFCU.

_____ **OPT IN:** I want to participate in Courtesy Pay at HPFCU.

PRINT NAME: _____ ACCT. # _____

SIGNATURE: _____ DATE: _____

OVERDRAFT PROTECTION

Please indicate below if you would like High Plains Federal Credit Union to cover insufficient charges to your checking account with funds from your savings or other share draft account(s). Please be aware savings accounts are non-transacting accounts and are limited to 6 transactions per month. By selecting YES you are authorizing High Plains Federal CU to transfer from your savings or other share draft account(s) to cover transactions presented to your checking account if funds are insufficient or not available, up to a limit of 6 transactions per month from savings. (After 6 transactions per month, NSF charges and returned transactions will apply).

_____ Yes, I would like to have overdraft protection from my savings to my checking.

_____ Yes, I would like to have overdraft protection from another share draft to my checking.
Share Draft Acct. # _____ Share Draft Acct # _____

_____ No – I decline this coverage.

Date: _____ **Signature of member:** _____ **Account #** _____

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