

# NY TEAM Federal Credit Union Courtesy Pay Opt-Out or Limit Change Form

Account #: \_\_\_\_\_ Name: \_\_\_\_\_

## Opt-Out

\_\_\_\_ I hereby request to cancel my authorization for NY TEAM Federal Credit Union to pay any ACH and/or draft transactions on the account referenced above when there are insufficient funds available to cover the transaction, even though I may meet the eligibility requirements on the Courtesy Pay Program. I acknowledge that this will cause these items to be returned as insufficient funds and the current returned item fee will be assessed to my account for each item returned. I understand I have the ability to Opt-In to NY TEAM Federal Credit Union's Courtesy Pay Program at any time; I am aware I will need to meet all eligibility requirements if I decide to do so.

I continue to agree to the terms stated on the Truth & Savings account disclosure. I further understand I am responsible for any negative account balances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*You can only select one option, either Opt-Out or a request for a Limit Change*

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## Limit Change

\_\_\_\_ I hereby authorize NY TEAM Federal Credit Union to change the Courtesy Pay service limit on my account. I understand by decreasing the limit from my present limit (\$\_\_\_\_), items will be rejected after the limit that I have indicated on this form has been reached. The current insufficient funds fee will be assessed for each item returned.

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

I continue to agree to the terms stated on the Truth & Savings account disclosure. I further understand I am responsible for any negative account balances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Please complete and fax or mail the application to:**

NY TEAM Federal Credit Union  
65 Broadway Hicksville, NY 11801  
Fax to: (516) 822-2478