



Courtesy Pay Opt In

I/We wish to participate in the Overdraft Privilege program offered by Citymark,, including approval and payment of ACH(Automated Clearing House), ATM and Point-of-Sale transactions up to a designated Overdraft Privilege limit. I/We understand that I/we will not have the Overdraft Privilege on the account until I/we receive written confirmation that it has been added to the account.

I/We understand that, for each insufficient transaction, the account will be assessed an overdraft or NSF fee of \$29.00. If an overdraft is created the next deposit will be utilized to bring the account back into a positive balance position. I/We understand that an account must be brought to a positive balance within 30 days or the Overdraft Privilege will be removed from the account. I/We understand that items may not be paid in the order in which they were written and the order in which they clear may result in overdrafts on the account. The items will not be paid or approved if the assigned

Overdraft Limit has been exceeded, or if other accounts at Citymark are not in good standing.

Name: _____

Account #: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone #: _____

By completing and signing your opt-in , you consent to Citymark,
enrolling you in their Courtesy Pay Program.

You may opt-out of the Courtesy Pay in its entirety at anytime in writing. If you choose to do so you may be subject to insufficient funds fees assessed by the credit union and merchants. Citymark reserves the right to revoke Courtesy Pay privileges at anytime without prior notifications and to deny the payment of any transaction.

Authorization

Signature: _____ Date: _____