

REQUEST TO OPT-OUT OF OVERDRAFT PRIVILEGE

Appier Cu.org		P.O. Box 1200, Fairfax, VA 22038-1200 /03-788-4800 Fax: /03-359-9432		
Member's Name: First	MI	Last	Suffix	Member No.
ODP will not be restored to	my account until I request	Privilege (ODP). I understand that I must o	r from the date	below.
transactions if the opt-out	for all ODP option is choser	ransactions including checks, ACH, autor n.	mated electroni	c debits and debit card
□ Opt-out for all OD	P			
□ Opt-out for ODP o	on ATM/Debit, but NOT for A	ACH/Checks		
l also understand that if ite Funds (NSF) and an NSF fee	•	ny account and funds are not available, tl	hat such items v	will be returned as Non-Sufficient
SIGNATURE:				
Member's Signature				Date (MM/DD/YY)
>				