



Overdraft Privilege
Opt-Out Form

I hereby request that the below named checking account be removed from the Overdraft Privilege service.

I understand and agree that by opting out of the Overdraft Privilege service, Saratoga's Community Federal Credit Union will automatically return checks and ACH transactions for Non-Sufficient Funds if the available balance in my checking account combined with all other pre-authorized overdraft and transfer accounts will not cover the transaction(s).

First Name Last Name

Account Number Email Address

Signature Date

Please return form by mail, email, or fax to:
Mail: 23 Division Street, Saratoga Springs, NY 12866
Email: eservices@saratogafcu.org
Fax: 518.583.9143

CREDIT UNION USE ONLY

Date Processed Processed By

