

On the page below you will find the  
**Courtesy Pay Program Opt-Out Form.**  
Print out the application, fill it out, **remember to sign all  
applicable signature areas and mail to:**

Baltimore County Employees Federal Credit Union  
23 W. Susquehanna Avenue  
Towson, Maryland 21204

*Scroll Down for Application*



**BALTIMORE COUNTY EMPLOYEES FEDERAL CREDIT UNION  
COURTESY PAY PROGRAM  
“OPT-OUT” FORM**

PURPOSE: You must complete questions 1, 2, and 3 and select either Choice A or B.

If you do not want the credit union to pay your overdrafts under its Courtesy Pay Program mark an “X” at CHOICE A. If you receive a direct deposit of Social Security or other Federal benefits and do not want the credit union to apply these funds to your overdrafts, mark an “X” at CHOICE B. Do not complete this form if you have applied for and received a separate overdraft line of credit with the credit union. This form will not affect any overdraft lines of credit.

1. MEMBER NAME: \_\_\_\_\_
2. MY CHECKING ACCOUNT NUMBER: \_\_\_\_\_
3. IS THIS A JOINT ACCOUNT? \_\_\_\_\_

**CHOICE A:**

\_\_\_\_\_ I/we do not want the credit union to pay my /our overdrafts under the Courtesy Pay program. Return any overdrafts unpaid that I/we may write. If I/we overdraw my/our account, I/we understand that I/we will be charged an overdraft fee as well as fees imposed by merchants and collection agencies in addition to ultimately paying the overdrawn share draft.

**CHOICE B:**

\_\_\_\_\_ I/we receive a direct deposit of Social Security or other Federal benefits. I/we do not want the credit union to apply these direct deposit payments to pay any of my/our overdrafts. I understand that I/we must opt out of the Courtesy Pay program for this reason.

\_\_\_\_\_  
MEMBER NAME (PLEASE PRINT)      MEMBER SIGNATURE      DATE

\_\_\_\_\_  
JOINT OWNER (PLEASE PRINT)      JOINT OWNER SIGNATURE      DATE