



Overdraft Protection Authorization

Overdraft Transfer Protection Plans can also be used to transfer funds from share and loan accounts in the event of an overdraft.

I authorize MEFCU to transfer from the following share and/or loan accounts in the event my account is overdrawn. I understand that transfers will be made in the order I choose below and fees, when applicable, may be levied against my account according to the fee schedule in effect at the time of the overdraft. Transfers will be made in the following order:

- S1 - Regular Savings Account
- S2 - Special Savings Account
- L11 - Line of Credit

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- S1 - Regular Savings Account
- S2 - Special Savings Account

I revoke authorization to transfer from the following share and/or loan accounts in the event my account is overdrawn.

Courtesy Pay is made available on checks and ACH transactions to members who meet certain criteria. However, you must authorize Mayo Employees Federal Credit Union (MEFCU) to use Courtesy Pay to pay overdrafts on ATM and everyday debit card transactions. You may also decline any type of Courtesy Pay on your account.

Opt In to ATM and everyday debit card transactions - I authorize MEFCU to pay overdrafts on ATM and everyday debit card transactions and agree to pay the Courtesy Pay fee(s) associated with this account as stated in the Credit Unions fee schedule.

Opt Out - I request MEFCU remove my account(s) from the Courtesy Pay program. I understand by opting out of the Courtesy Pay program MEFCU will not be obligated to pay any check, ACH or other debit items against my checking account if there are insufficient funds and the item may be returned unpaid to the payee and I agree to pay the fee(s) associated with this as stated in the Credit Unions fee schedule.

Opt Back In - I request MEFCU to put my account back into qualification status for Courtesy Pay. If eligible, I want MEFCU to pay my overdrafts and I agree to pay the fee(s) associated with this account as stated in the Credit Unions fee schedule.

Member Name: _____ Member Number: _____

Member Signature: _____ Date: _____

For Office Use Only

Taken By: _____ Completed By: _____ Date: _____ Reviewed By: _____ Date: _____