

Overdraft Opt-In Authorization Form

For ATM and one-time Debit Transactions

Account Number _____ Suffix _____

- I WANT to opt-in and have American First Credit Union authorize and pay overdrafts on my ATM and one-time Debit transactions.
This will be effective August 15, 2010.*

Account Number _____ Suffix _____

- I WANT to opt-in and have American First Credit Union authorize and pay overdrafts on my ATM and one-time Debit transactions.
This will be effective August 15, 2010.*

Account Number _____ Suffix _____

- I WANT to opt-in and have American First Credit Union authorize and pay overdrafts on my ATM and one-time Debit transactions.
This will be effective August 15, 2010.*

Account Number _____ Suffix _____

- I WANT to opt-in and have American First Credit Union authorize and pay overdrafts on my ATM and one-time Debit transactions.
This will be effective August 15, 2010.*

Print Name: _____

Date: _____

Email Address: _____



* For existing Members. For new Members, who sign up on or after July 1, 2010 service will be in effect once qualifications are met.

800/ 290-1112 www.amerfirst.org