



PO Box 2510
North Bend, WA 98045

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www.snofalls.com

OVERDRAFT PRIVILEGE CONFIRMATION OF CONSENT

ACCOUNT NUMBER:

I, the undersigned, as account holder, wish to change my Overdraft Privilege to the type indicated below. I understand that by signing this waiver, Sno Falls Credit Union will update my Overdraft Privilege as indicated below. Only the types of transactions listed in my choice will be covered by Overdraft Privilege.

WAIVE Overdraft Privilege Protection: No transactions will be covered.

STANDARD Overdraft Privilege Protection: Only Draft and ACH transactions will be covered, including transactions that use my checking account number and/or recurring or subscription-based debit card transactions.

FULL Overdraft Privilege Protection: Covers all transactions listed under Standard protection as well as ATM and one-time debit card transactions (PIN, Signature, Contactless, and Card-not-present).

You have a right to change or revoke this consent at any time. Please complete and return this form to Sno Falls Credit Union, to update your Overdraft Privilege Protection coverage.

Signature of Account Holder

Date

For Internal Use Only

Effective Date:

Sno Falls Credit Union Representative:

Method of Account Holder Identification:

SSN

Mother's Maiden Name

DOB

Last Deposit

Please return completed form to info@snofalls.com or visit a branch.