

OPT-IN OVERDRAFT FORM

Please drop this form off at your nearest branch or mail to: Shoreline Credit Union, P.O. Box 27, Two Rivers, WI 54241. You may also fax this form to: 920-794-5510. Or email a scanned copy to: OptIn@ShorelineCU.org.

I DO NOT WANT Shoreline Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I WANT Shoreline Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Print your name

Account number (one account per form)

Signature

Date

FOR INTERNAL USE ONLY

Date received

Date processed

Initials

Please call us at 920-482-3700 or visit any location if you have any questions concerning Opt-In.

If you do not return this form, we will assume that you **DO NOT** want Overdraft Protection on your ATM and everyday debit card transactions.

Visit our website at ShorelineCU.org.

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Shoreline
CREDIT UNION
Federally insured by the NCUA.