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COURTESY PAY OPT-IN REQUEST FORM (mail OR fax this form)

Please note that you, or any joint account owner, may add or remove your Opt-In decision at any time.

ADD COVERAGE I want HEFCU to authorize and pay overdrafts on my everyday debit card transactions using Courtesy Pay. (Coverage becomes effective 60 days after account has been opened and funded).

REMOVE COVERAGE I do not want HEFCU to authorize and pay overdrafts on my everyday debit card transactions using Courtesy Pay.

Printed Name _____

Account Number _____

Signature _____

Date _____

TO BE COMPLETED BY THE CREDIT UNION

Coverage Added _____

Coverage Removed _____

Signature _____

Effective Date _____