



# Overdraft Protection Opt In/Opt Out Authorization Form

\_\_\_\_\_ I do not want CSD Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

\_\_\_\_\_ I want CSD Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Account Number: \_\_\_\_\_