

Courtesy Pay Opt In/Opt Out for ACH/Checks

FORM

For Courtesy Pay on **Debit Card transactions**, opt in is required.

Please call Member Services or visit www.DominionEnergyCU.org for separate form and details.

Request to Authorize – Opt In for ACH/Checks

I hereby request authorization for Dominion Energy Credit Union to include the account referenced below in the Courtesy Pay Program and to pay ACH and share draft/check transactions on the account referenced below when there are insufficient funds available to cover the transaction, so long as I meet the eligibility requirements of the Program.

*Your account is automatically included in the Courtesy Pay Program for share drafts/checks and ACH items subject to eligibility requirements.

Dominion Energy Credit Union will review your request for payment of such overdrafts in our Courtesy Pay Program as soon as possible after receiving notice of your request. Any joint owner of the account may request authorization of the agreement.

☐ I want Dominion Energy Credit Union to authorize and pay overdrafts on my share draft/checking transactions on
the account identified below.
☐ I want Dominion Energy Credit Union to authorize and pay overdrafts on my ACH transactions on the account

We pay overdrafts at our discretion, which means we **do not guarantee** that we will always authorize and pay any type of transaction. You have a right to revoke your consent at any time.

Request to Cancel - Opt Out of ACH/Checks

identified below.

I hereby revoke/cancel my authorization for Dominion Energy Credit Union to pay ACH and share draft/check transactions on the account referenced below when there are insufficient funds available to cover the transaction, although I may meet the eligibility requirements of the Courtesy Pay Program. I am aware that this will cause these items to be returned as non-sufficient funds and the current returned item fee will be assessed to my account for each item returned.

Dominion Energy Credit Union will discontinue its payment of such overdrafts as soon as possible after receiving notice of your revocation. Any joint owner of the account may revoke the agreement.

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	☐ I revoke my consent for the payment of overdrafts on share draft/checking transactions on the account identified below.				
	☐ I revoke my consent for the payment of overdrafts on ACH transactions on the account identified below				
Signature					
Date		Account Numb	er		
ı	For Office Use Only:				
A	ccepted by:	Entered by:	Date:		

Please complete and fax or mail the application to: