

Overdraft Option Form

(This form refers to the November 2009 changes to Regulation E. If your account was opened prior to April 1, 2010, you received the change notification and option form with your March 31, 2010 monthly statement. For accounts opened after April 1, 2010, you chose an option at the time you opened your checking account or applied for a check card. If you have any questions about this, please call us.)

____ I do not want Northeast Community Credit Union to authorize and pay overdrafts on my ATM and everyday check card transactions.

____ I want Northeast Community Credit Union to authorize and pay overdrafts on my ATM and everyday check card transactions.

Printed Name _____ Signature _____

Date _____ Email Address* _____

List Every Checking Account Number This Choice Applies To _____ / _____ / _____

*By providing your email address, it allows us to send your required Confirmation form electronically rather than through postal mail. Options are not effective until you receive your Confirmation.

Your option can be changed at any time by providing us with a new Overdraft Option Form. Changed options are effective when you receive written Confirmation from us.

For Credit Union Use Only: CU Emp _____ MIF Field# _____ Updated _____ Confirmation # _____
Master Field Maintenance: Field # _____ changed to _____ on _____ by _____