



**Option to Waive Privilege Pay Overdraft Protection**

I do not wish to have Privilege Pay Overdraft Protection services extended to me. By signing this form, I understand that Spokane City Credit Union will not cover overdrafts to my share draft account through Privilege Pay Overdraft Protection and that any item(s) presented against insufficient funds in my account will be returned unpaid with applicable Non-sufficient funds (NSF) fee(s) assessed. I understand that if I wish to have Privilege Pay Overdraft Protection services extended to me in the future, I must meet the eligibility requirements at that time.

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

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

Account number: \_\_\_\_\_

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