



Member Privilege Reactivate & Opt-Out Form

REACTIVATE

By checking this box, I/We, the undersigned, as accountholder(s) of Financial Federal Credit Union account number _____, authorize Financial Federal Credit Union to pay overdrafts (1) including my ATM and everyday debit card transactions. I may revoke the option of overdraft to pay my ATM and everyday debit card transactions by crossing out (1) *including my ATM and everyday debit card transactions above.*

OPT-OUT

By checking this box, I/We, the undersigned, as accountholder(s) of Financial Federal Credit Union account number _____, do not wish to have the Member Privilege limit applied to this account. I/We understand that in signing this form, Financial Federal Credit Union will not provide Member Privilege, as disclosed to us, to this account. I/We further understand that in order to have Financial Federal Credit Union apply Member Privilege limit to this account in the future, the account must be in good standing at the time of the request to do so, and a reactivate Member Privilege form has to be filled out and sent to Financial Federal Credit Union.

Date: _____

Depositor(s) Signature:

Employee: _____

For Credit Union Use Only:

Date of Change on System: _____

Time of Change on System: _____

Employee Keying Change: _____

After completing this form, print and send it to:

Financial Federal Credit Union
Member Privilege
22 East Flagler Street
Miami, FL 33131

Or fax it to: 305-577-2005