



Statement of Request for Removal of Overdraft Privilege

I, _____ request and authorize Greater Texas / Aggieland to eliminate all Overdraft Privilege Pay services from my share draft (checking) account. I understand that without Overdraft Privilege services, insufficient items or items drawn against uncollected funds presented for payment on this account may be returned unpaid and whether the item is paid or returned unpaid, an insufficient item fee (see current fee schedule) will be assessed for each insufficient item presented for payment. This request removes both Standard and Enhanced level overdraft privilege services.

-- Please allow up to 2 business days for your request to be processed --

Member Number: _____

Member Printed Name: _____

Member Signature: _____

Date: _____

Return via fax, DocuSign, in-person at a branch, or mail to:

Greater Texas Credit Union
Attn: Member Services
12544 Riata Vista Circle
Austin, TX 78727

For credit union use only:

Employee Initials and Op#: _____