

**“Overdraft Privilege”
Opt-Out Form**

I/We, the undersigned, as sole accountholder(s) of **DC Teachers Federal Credit Union** account number _____, do not wish to have the normal Overdraft Privilege limit applied to this share draft checking account. I/We understand that in signing this waiver, **DC Teachers Federal Credit Union** will not provide Overdraft Privilege protection, as disclosed to us, to this account. I/We further understand that in order to have **DC Teachers Federal Credit Union** apply the Overdraft Privilege limit to this account in the future, the account must be in good standing at the time of the request to do so.

Date: _____

Member(s) Signature:
