



Courtesy Pay Application

Courtesy Pay is a service that may be added to your checking account. It covers checks and other authorized transactions when there are insufficient funds in your account, up to your pre-authorized limit.

I understand that I must have a Metro Medical Credit Union checking account open and in good standing and be participating in my employer's direct deposit program. My signature below acknowledges my agreement to the terms and conditions stated in the Credit Union's Membership and Account Agreement, Electronic Funds Transfer Agreement & Disclosure, and the Rate and Fee Schedule, which is incorporated into and made a part of this application and to any amendments the Credit Union makes from time to time.

By signing below, I understand that Metro Medical Credit Union will make every possible attempt to clear my authorized transaction(s). I understand that a transfer will only take place if the funds transferred are enough to cover my check and the Courtesy Pay fee of \$32.00. If sufficient funds are not available from my savings account, line of credit or pre-authorized Courtesy Pay limit, then the Credit Union has the right to return the item to the payee and charge my account a Non-Sufficient Funds (NSF) fee of \$32.00.

Name on Account: _____

Account #: _____ Daytime Telephone #: _____

Primary Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

By signing below, I am requesting the removal of Courtesy Pay from my account.

Name on Account: _____

Account #: _____ Daytime Telephone #: _____

Primary Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____