



DEBIT CARD OPT IN REVOCATION FORM

You had previously authorized us to pay overdrafts on ATM and everyday debit card transactions. To revoke your prior consent to pay these type of transactions (only), please complete the section below and present this form to any of our branch offices or mail it to:

**CCSE FCU
417 Broad Street
Salamanca, NY 14779**

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____ I hereby revoke my consent to have CCSE FCU authorize and pay overdrafts on my ATM and everyday debit card transactions. I further understand that any ATM or everyday debit card transaction already pre-approved at the time of this request cannot be stopped and that I may still be assessed fees for those. I further understand that the credit union must be given ample notice to stop the overdraft coverage on my account.

Print Name

Signature

Account #

Date