



OVERDRAFT CONSENT FORM
ATM & one-time Visa Debit Card Transactions

Member Number

Visa Debit Card Number (s)

Member Name

Joint Member Name

Current Address

City, State, Zip

Daytime Phone #

E-mail address

If there are multiple owners on the Visa Debit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

ADD COVERAGE

I want the SIUE Credit Union to authorize and pay overdrafts on my ATM and one-time Visa debit card transactions

I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

REMOVE COVERAGE

I DO NOT want SIUE Credit Union to authorize and pay overdrafts on my ATM and one-time Visa debit card transactions.

Member Signature

Date

Joint Member Signature

Date