



# COURTESY PAY CHANGE REQUEST

**PHONE REQUESTS:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone # Calling From \_\_\_\_\_

Member Name \_\_\_\_\_  Primary  JTO  Agent

Member # \_\_\_\_\_ Member # \_\_\_\_\_

**MEMBER REQUEST:**

OPT-IN to Debit Card / ATM protection

OPT-OUT\* of Debit Card / ATM protection

\*If member never opted in, there is no need to opt out.

OPT-OUT of all Courtesy Pay protection

**Signature:** (in-person request only) \_\_\_\_\_

Date \_\_\_\_\_

For Credit Union Use only: MSR Name \_\_\_\_\_

Operator # \_\_\_\_\_