

Opt Out Of Courtesy Pay Program

Name: _____

Member account#: _____

Email address: _____

Phone#: _____

I hereby request to be withdrawn out of WGLFCU Courtesy pay program. I understand that if items are presented to clear my account and funds are not available, that such items will be returned as Non-Sufficient Funds (NSF) and an NSF fee may be charged.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



Please send this form to the WGLFCU Member Services Department.
You may email this form to information@wglfcu.org, fax to 703-354-0103,
mail to P.O. Box 1607, Springfield, VA 22151, or bring into the Springfield Branch.