

MPD Community Credit Union

“Member Privilege” Opt-Out Form

I/We, the undersigned, as sole accountholder(s) of MPD Community Credit Union, account number _____, do not wish to have the normal Member Privilege limit applied to this account. I/We understand that in signing this waiver, MPD Community Credit Union will not provide Member Privilege, as disclosed to us, to this account. I/We further understand that in order to have MPD Community Credit Union apply the Member Privilege limit to this account in the future, the account must be in good standing at the time of the request to do so.

Date: _____ Depositor(s) Signature:

Employee: _____

For Telephone Requests:

Date Requested: _____

Time of Request: _____

Identity of Accountholder Calling: _____

Method of Identification:

____SSN ____Mother’s Maiden Name ____DOB ____Last Deposit

For Credit Union Use Only:

Date of Change on System: _____

Time of Change on System: _____

Employee Keying Change: _____