



P.O. Box 660130, Arcadia, CA 91066-0130
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**“Courtesy Pay Privilege”
Waiver of Limit**

I/We, the undersigned, as sole account holder of Foothill Credit Union, checking account number _____, do not wish to have the normal Courtesy Pay Limit applied to this account. I/We understand that in signing this waiver, Foothill Federal Credit Union will not provide overdraft privilege protection, as disclosed to us, to this account. I/We further understand that in order to have Foothill Credit Union apply the Courtesy Limit to this account in the future, the account must be in good standing at the time of the request to do so.

Member Name: _____
Print Name

Member Signature: _____

Date: _____