



Revocation of Courtesy Pay Service

I revoke my earlier consent for the payment of overdrafts on ATM and one-time debit card transactions on the following account:

Account Number: _____

Shore to Shore Community Federal Credit Union will discontinue its payment of all transactions that would cause an overdraft as soon as possible after receiving notice of your revocation. Any joint owner of the account may revoke this agreement.

Signature _____ Date _____

Please return this form by dropping it off at one of our branches, fax to 734-675-4204 or mail to:

Shore to Shore Community Federal Credit Union
4550 Division
Trenton, Michigan 48183