

REG-E OPT-IN / OPT-OUT FORM:

____ I want HealthNet Federal Credit Union to authorize and pay overdrafts on my account up to my available limit. I realize that I may receive a fee from the credit union.

____ I do not want HealthNet Federal Credit Union to authorize and pay overdrafts on my account. I realize that I may still receive a fee from the credit union and that the item will be returned to the merchant and I may receive a fee from the merchant as well.

Name: _____

Account Number: _____

Signature: _____ Date: _____

Please fax to 901-226-1122