



**“Member Privilege”  
Opt-Out Form**

Revised 01-08-2008

I/We, the undersigned, as sole accountholder(s) of TEFCU, account number \_\_\_\_\_, do not wish to have the normal Member Privilege limit applied to this account. I/We understand that in signing this waiver, TEFCU will not provide Member Privilege, as disclosed to us, to this account. I/We further understand that in order to have TEFCU 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: \_\_\_\_\_

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**For Telephone Requests:**

Date Requested: \_\_\_\_\_

Time of Request: \_\_\_\_\_

Identity of Accountholder Calling: \_\_\_\_\_

Method of Identification:

\_\_\_SSN      \_\_\_Mother’s Maiden Name      \_\_\_DOB      \_\_\_Last Deposit

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**For Credit Union Use Only:**

Date of Change on System: \_\_\_\_\_

Time of Change on System: \_\_\_\_\_

Employee Keying Change: \_\_\_\_\_