



**UNIVERSITY & COMMUNITY FEDERAL
CREDIT UNION**

NO BOUNCE COVERAGE

DATE _____

NAME _____

CURRENT ADDRESS _____

CITY, STATE & ZIP CODE _____

PHONE _____ EMAIL _____

ACCOUNT NUMBER _____

I wish to Opt-In _____ Opt-Out _____ of the NO BOUNCE COVERAGE for ATM and one time debit card purchases.

I have read and understood the NO BOUNCE COVERAGE policy and agree to follow the policy as stated. I understand my credit score must be 550 or above and agree to a credit check by *University & Community Federal Credit Union*. I also understand that if this application is not approved, I can submit a new application in 90 days and agree to a new credit check.

SIGNATURE _____