



ATM/Debit Card Opt-In Form

I want Concho Educators FCU to authorize and pay overdrafts when applicable on my everyday debit card and/or ATM transactions. I understand that there may be overdraft fees associated with ATM/Debit Card overdraft transactions (refer to Schedule of Fees). I understand that I may revoke this option at any time by notifying Concho Educators FCU.

Member Name: _____ Account Number: _____

Signature: _____ Date: _____

For Credit Union Use Only

Date Received: _____ By: _____ Date Entered: _____ By: _____

You may return this for by mail or drop off at any branch office!

Return by mail:

Concho Educators Federal Credit Union
ATTN: Debit Card Department
3215 W. Loop 306
San Angelo, TX 76904

Drop off:

Corporate Office
3215 W. Loop 306
San Angelo, TX 76904

Beauregard Office
1967 W. Beauregard Ave.
San Angelo, TX 76901

ASU Office
ASU University Center
1st Floor