



Premium OD Opt-Out Form

Alero Financial
Attention: Member Center 2075 Big
Timber Road Elgin, IL 60123

Email: questions@alerofinancial.org
Fax#: 847-888-6653

Date: _____

I would like to opt-out of Premium OD offered by Alero Financial.

I understand that should an Automated Clearing House (ACH) item, Visa® debit signature transaction, or check be presented without sufficient funds available to pay the item, only existing overdraft protection sources I have chosen will be used, contingent upon available funds.

If I do not have overdraft protection setup on my account and an item is presented without sufficient funds to pay it, the item will be returned unpaid.

I understand each returned unpaid item could have a Returned Item fee charged to my account each time an item is presented to Alero Financial. Please refer to the fee schedule for complete details.

Last Name			First Name			Middle Initial					
Account Number											
Street Address											
City			State			Zip					
Home Phone			Business Phone			Mobile Phone			Email Address		
Signature						Date (mm/dd/yyyy)					

For office use only:

Completed by: _____

Teller#: _____

Date: _____