

Access No.

Please return the completed form to a branch office, fax the form to Navy Federal at (703) 206-4244, or attach the form using Navy Federal's eMessage service. If you are unable to fax, eMessage, or return the form to a branch, you may mail your signed, completed form to Navy Federal at the following address: **Navy Federal Credit Union, ATTN: Savings and Checking Operations, P.O. Box 3000, Merrifield, VA 22119-3000.**

Member's Name: First	MI	Last	Suffix
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I no longer want the linked savings account to fund the checking account(s) listed below in the event of an overdraft.

Checking No. _____	Checking No. _____	Checking No. _____
Checking No. _____	Checking No. _____	Checking No. _____
Checking No. _____	Checking No. _____	Checking No. _____

I voluntarily request that funding be removed on the above-listed accounts.

I understand if an item is presented for payment and sufficient funds are not available in the account, it will be returned unpaid and any applicable fees will be charged.

I understand the owner and joint owner (if any) agree to be jointly and severally liable for negative balances on any accounts in which either or both owners have an ownership interest, including any overdrafts, regardless of the cause, and agree to immediately deposit sufficient funds to cover the negative amount of the overdraft. The owner and joint owner (if any) agree that Navy Federal has the right to transfer funds from any accounts, in which either have an ownership interest, to correct a negative or overdrawn amount on any account on which either of their names appear. The

right to transfer funds applies to all funds voluntarily deposited into Navy Federal accounts, including Social Security funds, as permitted by law. The owner and joint owner agree to reimburse Navy Federal for all costs of collection, including reasonable attorney's fees.

I understand that by signing below, I agree to hold harmless, and to waive any liability of, or legal recourse against, Navy Federal Credit Union, its employees, officers, or members for complying with this request.

I understand this release and waiver of liability, and I understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Member's Signature	Date (MM/DD/YY)
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Joint Owner's Printed Name	Date (MM/DD/YY)
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Joint Owner's Signature	Date (MM/DD/YY)
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