



6300 W. 21st St. N.
Wichita, KS 67205
316.263.5756
www.TheQ.org

Dear Member,

RE: Account # _____

This letter serves as confirmation of your consent to authorize Quantum Credit Union to pay one time debit card transactions (this includes point of sale and ATM withdrawals) on the account referenced above when there are insufficient funds available to cover the transaction.

You have a right to revoke this consent at any time. Simply complete and return this form to us at the address listed below or contact us by phone at 316-263-5756.

Sincerely,

Member Service

Quantum Credit Union will discontinue its payment of such overdrafts as soon as possible after receiving notice of your revocation. Any joint owner of the account may revoke the agreement.

I revoke my earlier consent for the payment of overdrafts on ATM and one-time debit card transactions on the account identified above.

Signature _____ DATE _____