



**Capitol
Federal®**

_____ I do not want Capitol Federal to authorize and pay overdrafts on my everyday debit card transactions. I understand that these transactions will be declined, but I will not be charged a fee.

_____ I want Capitol Federal to authorize and pay overdrafts on my everyday debit card transactions. I understand that I will be charged a fee for any overdrafts paid.

Checking Account Number: _____ (Note: this authorization/revocation form is valid ONLY for the account listed, and only one account may be listed per form. The action of one account owner is valid and binding for all account owners for this authorization or revocation).

Signature: _____ Date: _____

Printed Name: _____



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