

Library of Congress Federal Credit Union

Member PrivilegeSM Waiver of Limit

I/We, the undersigned, as accountholder(s) of Library of Congress Federal Credit Union, account number _____, do not wish to have the normal Member PrivilegeSM Limit applied to this account. I/We understand that in signing this waiver, Library of Congress Federal Credit Union will not provide overdraft privilege protection, as disclosed to us, to this account. I/We further understand that in order to have Library of Congress Federal Credit Union apply the Member PrivilegeSM Limit to this account in the future, the account must be in good standing at the time of the request to do so.

Member Name (print)

Member Signature

Date