



THE TENNESSEE CREDIT UNION

## Privileged Assurance Removal Form

Please remove my account from the Privileged Assurance program.  
I understand that my account will no longer be covered by the Privileged Assurance program in the event of an overdraft.

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please fill out this form and mail to:*

**The Tennessee Credit Union**  
P.O. Box 22881  
Nashville, TN 37202-2881

---

*For Employee Use Only*

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_