

Overdraft Services Consent

ATM and One-Time Debit Card Transactions

each time we pay an ATM or debit card transaction overdraft.

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

- 1. We have standard overdraft practices that come with your account.
- 2. We also offer <u>overdraft protection plans</u>, such as a link to a share/savings account or overdraft line-of-credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We <u>do</u> authorize and pay overdrafts for the following types of transactions:

- Share drafts/checks, and other transactions made using your checking account
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time debit card transactions

We pay overdrafts at our discretion, which means we <u>do not guarantee</u> that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if the Credit Union pays my overdraft?

Under our standard overdraft practices:

We will charge you a fee of \$

•	• There is no limit on the total lees we can charge you for overdrawing your account.			
transactions	at the Credit Union to authorize and pay overdra? to authorize and pay overdrafts on ATM and one-time de	•		
	CREDIT U	NON NAME		
		or call		
	CREDIT UNION ADDRESS	TELEPHONE NUMBER		
	Itiple owners on the ATM and/or debit card account, eitlone (1) account owner signature is needed to add or ren	her account owner can act on behalf of all owners on this nove the overdraft coverage.		
ADD COVERA	GE I want the Credit Union to authorize	and pay overdrafts on my ATM and one-time debit card		

card transactions.	REMOVE COVERAGE	
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transactions. I understand I will be charged fees as listed above.

I have the right to revoke this covered at any time by contacting the

Member/Owner Signature	Date
X	
Printed Name:	

e: _____ Account Number:

CREDIT UNION CONSENT CONFIRMATION						
Signature of Credit Union Employee	Date	Effective Date:	Coverage Added Coverage removed			