## **OVERDRAFT SERVICES CONSENT**

ATM and One-Time Debit Card Transactions

## WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when your account's available balance is insufficient to cover a transaction, but we pay it anyway; we explain how your available balance is determined in the Membership and Account Agreement and the Courtesy Pay Agreement and Disclosures we have provided to you, which is incorporated herein by this reference.

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 <u>do not</u> 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:						
	<ul> <li>We will charge you a fee of \$\frac{29.00}{}\$ each time we pay an ATM or debit card transaction overdraft.</li> </ul>					
	<ul> <li>There is <u>no limit</u> on the total fees we can charge you for overdrawing your account.</li> </ul>					
What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?  If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the						
	section below and mail it to:					
			or call			
		CREDIT UNION ADDRESS		TELEPHONE NUMBER		
If ther owner covera	s on this accoun	ners on the ATM and/or debit card t. Only one (1) account owner s	account, either account owner can a signature is needed to add or rem	act on behalf of all ove the overdraft		
ADD (	COVERAGE	I want the Credit Union to a debit card transactions. I und	uthorize and pay overdrafts on my A lerstand I will be charged fees as list	ATM and one-time ed above.		
		I have the right to revoke t Credit Union in writing or b	this coverage at any time by cont ly phone.	acting the		
REMO	VE COVERAGE	I do not want the Credit Un	nion to authorize and pay overdrafts	on my ATM and		

Timed Hame.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CREDIT UNION CONSENT CONFIRMATION						
Signature of Credit Union Employee:	Effective Date:	☐ Coverage added				
x		☐ Coverage removed				

Account Number

DATE

Printed Name

MEMBER/OWNER SIGNATURE

X