OVERDRAFT SERVICES CONSENT

ATM and One-Time Debit Card Transactions

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 overdraft protection plans, 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 <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:

	overdraft.	arge you a fee of \$\frac{29.00}{\text{limit}} on the total fees we can c	·	ay an ATM or debi	
transact	tions?	redit Union to authorize and	. •	·	
	you want us to ction below and	authorize and pay overdrafts o I mail it to:			tions, complete the
	1030 S U S HIGHWAY 1 ROCKLEDGE, FLORIDA 32955			CREDIT UNION NAME Or Call	
		CREDIT UNION ADDRESS			TELEPHONE NUMBER
If there a owners coverage	on this accoun	ners on the ATM and/or debit c nt. Only one (1) account own	ard account, either a er signature is need	ccount owner can led to add or rem	act on behalf of all nove the overdraft
ADD CO	VERAGE	I want the Credit Union debit card transactions. I	to authorize and pay understand I will be o	overdrafts on my charged fees as list	ATM and one-time ted above.
		I have the right to revo Credit Union in writing		any time by con	tacting the
REMOVE	COVERAGE	I <u>do not</u> want the Credi one-time debit card trans	t Union to authorize actions.	and pay overdraft	s on my ATM and
Х					
MEMBER/O	WNER SIGNATURE	DATE	<u> </u>		

CREDIT UNION CONSENT CONFIRMATION

Effective Date:

D	MI	IN	ER.
	SH 5 V 58		3 0.00

Printed Name:

Signature of Credit Union Employee:

☐ Coverage added☐ Coverage removed

Member Number: