

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 another account or a line of credit, which may be less costly 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 do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions without your consent.

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee 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 Health Center Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to \$35 each time we pay an overdraft
- There is no limit per day on the total fees we can charge you for overdrawing your account

➤ **What if I want Health Center Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions (Extended Coverage)?**

If you want us to authorize and pay overdrafts for which an Overdraft fee will be assessed on ATM and everyday debit card transactions, call (706) 434-1600, visit our website at <http://www.hccu.coop>, complete the form below and present it at a branch or mail it to: 1424 Walton Way, Augusta, GA 30901. You can revoke your authorization for Health Center Credit Union to pay these overdrafts at any time by any of the above methods. Your revocation must include both your name and your account number so that we can properly identify your account.

_____ I **DO NOT** want Health Center Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ I **WANT** Health Center Credit Union to authorize and pay overdrafts for which an Overdraft fee will be assessed on my ATM and everyday debit card transactions.

Member Name: _____ Date: _____

Member Signature: _____

Member Number: _____ Employee Initials / Number: _____ / _____

Received How?: In Person Phone Mail Other: _____