



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 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 practice. To learn more, ask us about these plans

This notice explains our standard overdraft practices:

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

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

- ATM transactions
- One-time 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 the Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$35.00 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

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 drop it off at either branch location or mail it to:

Kaleida Health Federal Credit Union
100 High Street Buffalo NY 14203
Attn: Credit Union
Phone# 716-859-5960

One more option is to go to our website **www.kaleidahealthfcu.org** and send us an email that has you name, account number, phone number, your choice to opt in or out and your email address.

If there are multiple owners on the ATM and/or debit card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

ADD Coverage I do want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charge fees listed above.

I have the right to revoke this coverage at any time by contacting the Credit Union in writing.

Remove Coverage I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transaction.

Print Name

E-mail address

X _____

Member/owner signature

date

Account #