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MEMBER#

## 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. FMFCU may cover your overdrafts in two different ways:

- 1) We have a standard overdraft program, known as Overdraft Privilege (ODP), which is a discretionary service that may be offered on a checking account after eligibility criteria is met.
- 2) FMFCU also offers overdraft protection, which links your account to a line of credit or savings account, which may be less expensive than our ODP program. To learn more, ask about these options or visit fmfcu.org.

## Overdraft Privilege (ODP) program fees:

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- \$35.00 for each overdraft item that is paid
- No limit on total fees that can be charged for overdrawing your account

Standard Overdraft Services Covered by Overdraft Privilege (ODP)	Overdraft Services Requiring Written Authorization (Opt-In) (Requires signature below)
Checks and other preauthorized transactions made using your checking account number (including converted checks)	Everyday Check Card (Debit) Point-of -Sale (POS) transactions
Automated bill payments	
Electronic fund transfers (EFTs) made using your checking account number	

FMFCU pays overdrafts at its discretion, which means we **do not guarantee** that we will always authorize and pay any type of transactions. **If we do not authorize and pay overdrafts, your transaction will be declined.** 

What if I want FMFCU to authorize and pay overdrafts on everyday Debit Card (POS) transactions? If you want us to authorize and pay overdrafts on everyday Debit Card (POS), complete and return the form below.

		Select <b>one</b>	of the following options:	
	I authorize FMFCU to pay overdrafts on all services covered by ODP. I understand by selecting this option <b>ACH, Check, and everyday POS/Debit Card</b> transactions will be covered while my membership remains in good standing.			
			ACH and Check transactions while my membership remains in ons WILL NOT be covered.	
Member/Joint Name:			Account Number	
Member/Joint Signature:			Date:	
Please ret Fax to 610	urn by Mail to FMFCL	l, Deposit Operation ve any questions re	ced Account ID, have the right to revoke this choice at any time.  ns Department, 5 Hillman Drive, Suite 100, Chadds Ford, PA 19317 or by  regarding this form, please contact FMFCU at <a href="mailto:fmfcu@fmfcu.org">fmfcu@fmfcu.org</a> or by phone  220-3193.	
Staff ID	:	Date:	Action Taken:	

Last Revision Date: 8/24/18