

St Francis FCU

Your right to request overdraft protection coverage for certain ATM Withdrawals and Debit Card Purchases

Your Right to Request Overdraft Coverage:

We will not pay your overdrafts for ATM withdrawals and debit card purchases you make at a store, online, or by telephone, unless you tell us you want overdraft coverage for these transactions. Even if you do not request overdraft coverage for ATM withdrawals and debit card purchases, we may still pay your overdrafts for other types of transactions, including checks.

Having overdraft coverage does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below. Overdraft coverage differs from other overdraft services we offer, such as linking your account to another account with us or an overdraft line of credit. See below for more information, including how to contact us if you want overdraft coverage to apply to your ATM withdrawals and debit card purchases.

Overdraft Fees*

We will charge you a fee of **\$30.00** each time we pay an overdraft.

There is no limit on the daily fees we can charge you for overdrawing your account.

*May be amended from time to time. Please refer to the Credit Union's Rate and Fee Schedule.

Other Ways We Can Cover Your Overdrafts:

We offer other ways of covering your overdrafts that may be less expensive, such as linking your account to another account with us or an overdraft line of credit. Contact us to learn more about these options.

How to Request Overdraft Coverage or Get More Information:

To request overdraft coverage for your ATM withdrawals and debit card purchases, or for information about other alternatives we offer for covering overdrafts, please:

- **Contact us at 864.255.1660**
- **Contact us at www.stfrancisfcu.org**
- **Complete the form below and mail it to 121 Sumner Street, Greenville, SC 29601**

Return This Portion to the Credit Union

(Sign Below to Receive this Service)

I/We want overdraft coverage for my ATM withdrawals and debit card purchases. I/We understand that if I/we cause and overdraft, I/we will be charged a fee as stated in the Credit Union's fee schedule, as may be amended from time to time. This consent shall apply to all of my/our joint and/or individual accounts with the Credit Union. All other terms and conditions of your Cardholder and other Agreements and disclosures with the Credit Union shall continue to apply. **I/we may revoke this opt-in by providing notice to you in writing at the address set forth above. Any opt-out will be effective when actually received by the Credit Union and after we have had a reasonable period of time to effectively enter your election(s) into applicable payment systems.**

NOTE: I/we elect overdraft coverage as noted for all accounts except for the following:

Account Number and Suffix	Account Number Account Number and Suffix
Print Account Owner's Name	Print Joint Owner's Name
X	X
Account Owner's Signature	Joint Owner's Signature
X	X
Date	Date
July 1, 2010	Copy to Member Yes No