

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 savings account, 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 do authorize and pay overdrafts for the following types of transactions:

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

We **do not** authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- 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 Summit Hampton Roads Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of **up to \$ 30** 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 Summit Hampton Roads Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and drop it off at the DePaul Medical or Maryview Medical Center office or mail to: Summit Hampton Roads Federal Credit Union P O Box 9609 Norfolk VA 23505.

_____ I **want** Summit Hampton Roads Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ I **do not** want Summit Hampton Roads Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____

Date: _____ Signature _____

ACCOUNT NUMBER: _____