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## Debit Card Overdraft Disclosure and Agreement

### 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 the credit union pays it anyway. 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 do not authorize and pay overdrafts for the following types of transactions unless you ask us to (*see below*):

- Everyday debit card transactions

*If we do not authorize and pay an overdraft, your transaction will be declined at the point of sale.*

*We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.*

#### What fees will I be charged if Community Financial Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge a fee of \$20 each time we pay an overdraft
- There is no limit to the total fees we can charge you for overdrawing your account

#### What if I want Community Financial Credit Union to authorize and pay overdrafts on my everyday debit card transactions?

If you want us to authorize and pay overdrafts on everyday debit card transactions, call us at 417.862.0471 or 888.430.7199, login to Online Teller, or complete the form below and bring it to the credit union or mail it to: PO Box 1217, Springfield MO 65801-1217.

- **For each authorized overdraft we pay, you will be charged a \$20.00 fee.**

\_\_\_\_\_ I want Community Financial Credit Union to authorize and pay overdrafts on my everyday debit card transactions. I understand that I will be charged a \$20 fee for each overdraft.

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

\_\_\_\_\_ I do not want Community Financial Credit Union to authorize and pay overdrafts on my everyday debit card transactions. My purchases will be declined if I do not have the money in my account to cover them.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

### CREDIT UNION CONSENT CONFIRMATION

Credit Union

Employee Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Coverage added

Coverage removed