



EXTENDED OVERDRAFT OPT IN/OPT OUT DISCLOSURE

Jeanne D'Arc Credit Union will not authorize and pay overdrafts on your checking account caused by one-time debit card transactions unless you authorize us to do so.

What you need to know about overdrafts and overdraft fees.

An overdraft occurs when you do not have enough funds in your available balance to cover a transaction at the time of authorization, but we may pay it anyway. Please refer to the Extended Overdraft Protection Disclosure for more details on available balance.

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, or a link to overdraft line of credit, which may be less expensive than our standard overdraft process. To learn more, ask us about these plans.

This notice explains our standard overdraft practice.

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.

Please note that we pay overdrafts at our discretion. This means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay the overdraft, your transaction will be declined.

What fees will I be charged if Jeanne D'Arc Credit Union pays my overdraft?

Under our standard overdraft practices:

- We may charge you a fee of up to \$30.00 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.
- Please see the Consumer Fee and Service Charge Schedule for a complete list of overdraft fees.

By signing below, I authorize Jeanne D'Arc Credit Union to authorize and pay overdraft on your one-time debit transactions for the checking accounts listed.

Yes, I would like to opt-in for overdraft coverage on:

Account Number Account Number

No, I would like to opt-out of overdraft coverage on:

Account Number Account Number

Printed Name: _____

Member Signature: _____

Date: _____

CREDIT UNION USE ONLY	Employee Name: _____ Location: _____
	Telephone Request: <input type="checkbox"/> Digital Contact Request: <input type="checkbox"/>