



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 transfer protection, such as a link to a share savings account, which may be less expensive than our standard overdraft practices. Contact us to learn more about this service.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We may 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:

- ATM withdrawals
- 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 St. Joseph’s Hospital Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$35 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 St. Joseph’s Hospital 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, call 813-302-8444, visit www.sjhfcu.org, or complete the form below and present it at the branch or mail it to: 6901 Simmons Loop Riverview, FL 33578.

_____ I want St. Joseph’s Hospital Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions. I understand I have an ongoing right to revoke this consent at any time.

Member Name: _____ Member Number: _____

Signature: _____ **Date:** _____