SABATTUS REGIONAL CREDIT UNION

EXPLANATION OF OVERDRAFT COVERAGE (Effective 4/1/12)
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, <u>unless</u> you tell us you want overdraft coverage for these transactions. Overdraft coverage means that should you inadvertently overdraw your account, we have the discretion to cover your overdraft. This service will help save you the embarrassment and inconvenience of a returned item, as well as the fee normally charged to you by merchants for items returned to them.

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.

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. 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, which may be less expensive..

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 $25.00 each time we pay an overdraft.

- There is a limit of six daily Member Privilege fees we can charge you for overdrawing your account.

How to Request Overdraft Coverage or Get More Information:

- Call us at: 207-375-6538, Contact us at: info@srcu4u.com, visit our website at http://www.srcu4u.com, or complete this form and present it at a branch or mail it to us at PO Box 250, Sabattus, ME 04280-0250.

☐ **I want overdraft coverage for my ATM withdrawals and debit card purchases on the following**

Share IDs: _____.

Account Number: _____ Date: _____

I understand that I have the right to cancel these overdraft services for ATM withdrawals and debit card purchases at any time.

☐ **I _DO NOT_ want overdraft coverage for my ATM withdrawals and non-recurring debit card purchases on the following Share IDs: _____.**

Account Number: _____ Date: _____

I understand that I have the right to request overdraft services for ATM withdrawals and debit card purchases at any time.

_____   _____
(Signature)   (Witness Signature)

Print Name: _____   Print Witness Name: _____