

# CONSENT FORM FOR OVERDRAFT SERVICES

## EXPLANATION OF OVERDRAFT COVERAGE

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can no longer cover these transactions unless you Opt-In and request overdraft coverage.

### Your Right to Request Overdraft Coverage

We will not pay your overdrafts for ATM withdrawals and one time debit card purchases you make at the store, online, or by telephone, **UNLESS** you tell us you want overdraft coverage for these transactions. 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.

Having overdraft coverage does not guarantee that we will pay your overdrafts. 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 or an overdraft line of credit. See below for more information, including how to contact us if you want overdraft coverage to apply to your ATM withdrawals and one time debit card purchases.

### **What fees will I be charged if Shared Resources Credit Union pays my overdraft?**

- We will charge you a fee of \$30.00 each time we pay an overdraft.
- There is no limit on the daily fees we can charge you for overdrawing your account.

### Other Ways We Can Cover Your Overdrafts

We offer other ways of covering your overdrafts that may be less expensive, such as linking your account to another account with us or an overdraft line of credit . Contact us to learn more about these options.

### How to Request Overdraft Coverage or Get More Information

To request overdraft coverage for your ATM withdrawals and debit card purchases, or for information about other alternatives we offer for covering overdrafts, please:

- Contact us at 713-473-9244
- Contact us at [www.srcu.net](http://www.srcu.net)
- Complete the form below and mail it to: P.O. Box 888, Pasadena, Tx, 77501

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I want overdraft coverage for my ATM withdrawals and debit card purchases.

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

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

Account Number: \_\_\_\_\_ Share and Share Draft