



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 overdrafts practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard practices. To learn more, ask us about these plans.

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 checks and ACH debits made using your checking account number.

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- 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 the NIH Federal Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee 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.

➤ **What if I want the NIH Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, please call 800.877.6440 or 301.881.5822 (TDD/TTY); or you can complete the form below and either, 1) Present it at any NIHFCU branch 2) Fax it to 301.770.5372 (Attention: Member Contact and Support Center); 3) Mail it to NIH Federal Credit Union, Attention: Member Contact and Support Center, P.O. Box 6475, Rockville, MD 20849-6475, or 4) Scan and email it to SupportCenter@nihfcu.org.

 I want the NIH Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____ Member Number: _____

For each Checking Account you are authorizing, please provide the two digit Suffix Number:

____ / ____ / ____ / ____ / ____

Daytime Phone Number: _____ Date: _____