

What You Need to Know about Overdrafts and Overdraft Fees

In this agreement, the words "We," "Us," and "Our" mean River City Federal Credit Union, whereas the words "You" and "Your" mean the undersigned individuals. For joint accounts, read singular pronouns in the plural.

An <u>overdraft</u> 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 <u>standard overdraft practices</u> that come with Your account.
- 2) We also offer overdraft protection plans, such as a link to a savings account or overdraft line-of-credit, which may be less expensive than Our standard overdraft 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 Your account?

We <u>do</u> authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using Your checking account number
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless You ask Us to (see below):

- Everyday debit card transactions
- ATM 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 <u>not</u> authorize and pay an overdraft, Your transaction will be declined.

▶ What fees will You be charged if River City Federal Credit Union pays Your overdraft?

Under Our standard overdraft practices:

- We will charge You a fee of \$ 15.00 each time We pay an overdraft.
- There is no limit on the total fees We can charge You for overdrawing Your account.

What if You want River City Federal Credit Union to authorize and pay overdrafts on Your ATM and everyday debit card transactions?

If You also want Us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and present it at one of Our branches, or otherwise mail it to Us at: P.O. Box 12689, San Antonio, TX 78212-0689.

___ Effective Date: __

Credit Union Employee:

☐ Adding Coverage ☐ Removing Coverage