



We care for you as you care for others.

What You Need to Know about Overdrafts & Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay for 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 protection plans, such as a link to a savings account, 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 standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions.

- Checks and other transactions made using your checking account number.
- Automatic bill payments.

Effective August 15, 2010 for all members, we will not authorize and pay overdrafts for the following types of transactions unless you ask us to:

- ATM transactions
- Everyday Debit Card transactions

What fees will I be charged if Hartford Healthcare FCU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$35 each time we pay an ATM or everyday card overdraft. The fee will be \$35 for all other overdraft transactions.
- There is no limit to the total fees we can charge you for overdrawing your account.

What if I want Hartford Healthcare FCU 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, complete the form below and return it by mail to: HHFCU, 4 Wethersfield Avenue, Hartford, CT 06114 or fax to 860-527-6111.

Revocation

You may, at any time, change your selection by any manner previously used to notify the Credit Union. You may opt out at any time.

Please contact us if you have any questions.



- I WANT** Hartford Healthcare Federal Credit Union to authorize and pay overdrafts on my ATM and everyday Debit Card transactions.
- I DO NOT WANT** Hartford Healthcare Federal Credit Union to authorize and pay overdrafts on my ATM and everyday Debit Card transactions.

Printed Name _____

Date _____

Account Number _____

Phone Number _____

Email Address _____

Signature _____

For Internal Use Only

If this form is not returned, we must assume that you **DO NOT WANT** overdraft protection to cover your ATM and everyday Debit Card transactions.

860-547-0027

www.hhcu.org

Fax 860-527-6111

Date Received _____ Date Processed _____ Initials _____