

**OVERDRAFT SERVICES CONSENT NOTICE MAY 2010
ATM AND ONE TIME DEBIT CARD TRANSACTIONS**

FROM: ROSE CITY FEDERAL CREDIT UNION
112 S. Hansell Street, P. O. Box 2741, Thomasville, GA 31799

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. We can cover your overdrafts in two different ways:

1. STANDARD OVERDRAFT PRACTICES that come with your account. We may cover your transaction for a flat fee of \$25.00 each time you overdraw your account (no limit on fees) in the following cases:

- **Share drafts / checks, and other transactions made using your checking account**
- **Automatic bill payments**
- **ACH transactions**

We **do not** authorize and pay overdrafts for the following types of transactions unless you authorize us to. (see authorization section below):

- **ATM transactions**
- **One-time debit card transactions**

2. We also offer OVERDRAFT PROTECTION PLANS, such as a link to share / savings account(s) or an overdraft line-of-credit, which is less expensive than our standard overdraft practices.

Share Overdraft Protection Fee: \$6.00 per \$50.00 overdraft transfer-limit 6 maximum per month, per government regulation.

Line-of-Credit Overdraft Protection Fee: \$12.00 per \$100.00 overdraft transfer, limited to established line-of-credit amount.

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 and you will be charged a \$25.00 NSF fee.

WHAT IF I WANT THE CREDIT UNION TO AUTHORIZE AND PAY OVERDRAFTS ON MY ATM AND ONE-TIME DEBIT CARD TRANSACTIONS? If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the section below and mail it to Rose City Federal Credit Union, P. O. Box 2741, Thomasville, GA 31799, call 229-228-9826 or go to our website at www.rosecityfcu.com.

Only one authorized account signature is required to change overdraft coverage.

To ADD coverage Circle YES I want the credit union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charged fees as listed above.

I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

To REMOVE coverage Circle NO I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions.

X _____
Member/owner signature Date Printed name

X _____
Signature of Credit Union employee Effective date

Please contact me concerning adding one of the OVERDRAFT PROTECTION PLANS TO MY EXISTING SHARE DRAFT ACCOUNT. I CAN BE REACHED AT: CELL # HOME #