

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 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 the 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

We do 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 McKesson & Healthcare Providers FCU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$30 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 McKesson & Healthcare Providers FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card complete the form below and return it to the Credit Union using any of the methods listed at the bottom of this document.

 I do not want McKesson & Healthcare Providers FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I want McKesson & Healthcare Providers FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Signature: _____ Date: _____

Name: _____ Member Number: _____

**Return this form to: MAHPFCU | 1785 Arnold Drive, Martinez, CA 94553
Fax: 925-524-0524 | E-Mail: help@mahpfcu.org**