



Overdraft Protection Plan

Member/Owner: _____ Member #: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Date of Birth: _____
Home Phone: _____ ID Verification Code: _____
 Listed Unlisted Employer: _____
Work Phone: _____
E-mail: _____

I/We authorize ECU Credit Union to transfer funds, if the funds are available, from my (check one) savings (01) or money savers (76) to my checking account to cover a negative balance in my checking account. There is a monthly limit on the number of transfers allowed. A per transfer fee will be assessed for this service, see the current Rate and Fee Schedule for details.

I/We understand that if funds are not available in my savings account or if the maximum number of transfers allowed per month has been exceeded, ECU Credit Union on a discretionary basis may use Courtesy Pay to pay an overdraft created by checks, in-person withdrawals, ATM/Debit withdrawals, or by other electronic means, as applicable. Courtesy Pay may be automatically extended to members who are in good standing. A per item fee will be assessed for this service, see the current Rate and Fee Schedule for details.

Important Information about Courtesy Pay:

- A member must OPT IN to have overdrafts on their ATM/Debit Card, Bill Pay, and other electronic transactions authorized and paid using Courtesy Pay funds by completing the "Courtesy Pay Opt in Form".
- A member may OPT OUT of the Courtesy Pay plan at any time by checking the box below and returning this form to ECU Credit Union.

I/We wish to opt out of the Courtesy Pay Plan, I/we understand all nonsufficient funds items will be returned to the payee/merchant and a per item Non-Sufficient Funds return fee will be assessed based on the current Rate and Fee schedule and additional merchant fees may apply.

I/We agree that the changes on the Overdraft Protection form amend the previous Overdraft Protection agreement and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Electronic Funds Transfers Agreement and Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested.

I/we understand ECU Credit Union pay overdrafts at their discretion, which means they do not guarantee that they will always authorize and pay any type of transaction.

I/We understand this agreement is effective until revoked in writing by the member or until ECU Credit Union terminates the service.

Member/Owner (signature) Date

Please sign and return the form to ECU Credit Union by fax 727-393-0127 or mail P. O. Box 4818 Seminole, FL 33775. For more details call 1-800-382-2400.