Overdraft Protection Plan

Member: _____ Member #: _____

Joint Owner: _____ Daytime Phone: _____

Address: _____

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 3 per month 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 and every day Debit Card 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 submitting a written or verbal request to ECU Credit Union. If you choose to Opt-Out of Courtesy Pay 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 by the member or until ECU Credit Union terminates the service.

_____ _____

Member *(signature)* Date Joint 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.