



Mississippi Highway Safety Patrol Federal Credit Union

P.O. Box 958, Jackson, MS 39205 ♦ Ph. 601-987-1290 ♦ Fax 601-987-1294
www.mhspfcu.com ♦ askcu@EPLinc.com

Everyday Debit Card/ATM Transactions Opt-in/Opt-out Form

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 an **overdraft protection plan** that is a link to your savings account. It may be less expensive than our standard overdraft practices. To learn more, ask us about this plan.

This notice explains our standard overdraft practices

❖ **What are the standard overdraft practices that come with your account?**

We **do** authorize and pay overdrafts for the following transactions:

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

We **will not** authorize and pay overdrafts for the following types of transactions unless you ask us to.

- ♦ Everyday debit card transactions
- ♦ ATM 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 may be declined.

❖ **What are the fees you will be charged if MHSPFCU pays your overdrafts?**

Under our standard overdraft practices:

- ♦ We will charge you a **\$30.00** fee each time we pay an overdraft.
- ♦ There is no limit on the total fees we can charge your account.

❖ **What if you want MHSPFCU to authorize and pay overdrafts on your everyday debit card and ATM transactions?**

If you want us to authorize and pay overdrafts on everyday debit card and ATM transactions, complete this form and fax it to 601-987-1294, mail it to MHSPFCU, P.O. Box 958, Jackson, MS 39205 or drop it off at the credit union office.

If I elect to have my everyday debit card and ATM overdrafts paid by the credit union, I understand that I have a right to revoke or change my election at any time. I further understand that my revocation must be provided in writing and in such time and manner as to afford the credit union reasonable time to act on it.

I **want** MHSPFCU to authorize and pay overdrafts on my everyday debit card and ATM transactions.

I **do not want** MHSPFCU to authorize and pay overdrafts on my everyday debit card and ATM transactions.

Member Name _____ Account Number _____ Date _____

Member Signature _____

TeleCheck Y N	Processed by _____	Date _____
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