



## CONSENT FORM FOR OVERDRAFT SERVICES

### EXPLANATION OF OVERDRAFT COVERAGE — Your Right to Request Overdraft Coverage

Effective August 15, 2010, we will not pay your overdrafts for ATM withdrawals and one time debit card purchases you make at a store, online, or by telephone, unless you tell us you want overdraft coverage for these transactions. Even if you do not request overdraft coverage for ATM withdrawals and one time debit card purchases, we may still pay your overdrafts for other types of transactions, including checks.

Having overdraft coverage does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below.

Overdraft coverage differs from other overdraft services we offer, such as linking your account to another account with us or an overdraft line of credit. See below for more information, including how to contact us if you want overdraft coverage to apply to your ATM withdrawals and one time debit card purchases.

#### Overdraft Fees

- We will charge you a fee of \$29.00 each time we pay an overdraft.
- There is no limit on the daily fees we can charge you for overdrawing your account.
- We will charge a fee of \$6.00 following each five (5) consecutive days your account remains overdrawn.

#### Other Ways We Can Cover Your Overdrafts

We offer other ways of covering your overdrafts that may be less expensive, such as linking your account to another account with us or an overdraft line of credit. Contact us to learn more about these options.

#### How to Request Overdraft Coverage or Get More Information

To request overdraft coverage for your ATM withdrawals and one time debit card purchases, or for information about other alternatives we offer for covering overdrafts, please:

- Call us at 210.673.5610 or 800.227.5328
- E-mail us at [memberservices@airforcefcu.com](mailto:memberservices@airforcefcu.com)
- Complete the form below and mail it to: Air Force Federal Credit Union, Attn: Member Services, 1560 Cable Ranch Road, Suite 200, San Antonio, TX 78245

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## CONSENT FORM FOR OVERDRAFT SERVICES

Printed Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

You can choose to opt-in or opt-out for all of your accounts or for specific accounts only under this Member Number. Please check only one:

I want overdraft coverage for my ATM withdrawals and one time debit card purchases **on all of my accounts**.

I want overdraft coverage for my ATM withdrawals and one time debit card purchases **only on the specific accounts listed below:**

**SHARE/SAVINGS**

**SHARE DRAFT/CHECKING**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I DO NOT want overdraft coverage for my ATM withdrawals and one time debit card purchases **on any of my accounts**.

I DO NOT want overdraft coverage for my ATM withdrawals and one time debit card purchases **only on the specific accounts listed below:**

**SHARE/SAVINGS**

**SHARE DRAFT/CHECKING**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_