

River Region Federal Credit Union Opt-Out Form

EXPLANATION OF OVERDRAFT COVERAGE

Overview of Coverage

We currently provide overdraft coverage for your account. This means that if you attempt to spend or withdraw more money than you have in your account, we may decide to pay the overdrawn amount. Having overdraft coverage does not guarantee that we will pay your overdrafts. If we do, we will charge you fees. This coverage differs from other overdraft services we offer, such as linking your account to another account with us or an overdraft line of credit.

Your Right to Opt-Out of Overdraft Coverage

You may tell us **not** to pay overdrafts for ATM withdrawals and debit card purchases you make at a store, online, or by telephone. [If you do, we will decline these transactions if you do not have enough money in your account to cover them.] As a result, you may pay fewer overdraft fees.

Your decision to opt-out will not affect whether we pay overdrafts for other types of transactions, including checks. We may still cover these transactions and charge you a fee. See below for more information about your overdraft coverage, including how to contact us to opt-out.

Overdraft Fees

- ~ We will charge you a fee of \$25.00 each time that we pay an overdraft
- ~ We will also charge you a fee of \$1.00 for each business day your account remains overdrawn after 30 days.
- ~ There is no limit on the daily fees we can charge you for overdrawing your account.

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 with us. Contact us to learn more about this option.

How to Opt-Out or Get More Information

To opt-out of our overdraft coverage, or for information about alternatives we offer for covering overdrafts, please:

- ~ Contact us at 1-225-869-9762
- ~ Contact us at www.riverregionfcu.org
- ~ Complete the form below and mail to RRFCU, P O Drawer 309, Lutcher, LA 70071

_____ I do not want overdraft coverage for my ATM withdrawals and debit card purchases.

Signature: _____

Printed Name: _____

Account Number: _____

Date: _____

Email Address: _____

