

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 one or more overdraft protection plans, such as a line of credit or a link to another account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Share Drafts and other transactions using your share draft account number
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card 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 will be declined.

What fees will I be charged if Potlatch No. 1 Financial Credit Union pays my overdraft?

Under our standard overdraft practices:

- We charge a fee of **\$25.00** each time we pay an overdraft.
- There is no limit to the total fees that we can charge you for overdrawing your account.

What if I want Potlatch No. 1 Financial Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call (208) 746-8900 or 1-800-843-7128, or visit www.p1fcu.org, or complete the form below and mail it to: PO Box 897, Lewiston, ID 83501, or complete the form below and deliver it to us.

_____ I want Potlatch No. 1 Financial Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions with respect to the account identified below.

I have the right to revoke this coverage at any time by contacting the Credit Union in writing.

Signature: _____

Printed Name: _____

Date: _____

Account Number: _____