

CARD NUMBER

DIRECT DEPOSIT

# ATM / DEBIT APPLICATION

OPT OUT

MEMBER NUMBER:

APPLICANT  LAST NAME:	FIRST:			MI:
ADDRESS:				
CITY :	STATE:	ZIP:		
SS#:	DATE OF BIRTH:	EMAIL:		
PRIMARY PHONE: ( )	□LANDLINE □MOBILE	SECONDARY PHONE: (	)	□LANDLINE □MOBIL
O-APPLICANT LAST NAME:	FIRST:			MI:
ADDRESS:				
CITY :	STATE:	ZIP		
SS#:	DATE OF BIRTH:	EMAIL:		
PRIMARY PHONE: ( )	□LANDLINE □MOBILE	SECONDARY PHONE: (	)	□LANDLINE □MOBIL
ordering a card. If, for any reason, a member of Any abuse of the account will Debit cards can only be issued If you have a negative balance balance. It will be the member of Should the account not be brown to be should you desire to have the deposit of at least \$250 to you should the account not be brown to be should the account not be brown to be bro	does not qualify for a card, an adverse action no cause the Credit Union to revoke the card imm difference in your account, you will have 48 hours from the ers' responsibility to monitor their own account pught back to positive within the 48 hours, all poplastic access back, you must bring the account ar share account that will be available for transfought back to a positive balance in one week, you all possible the loan to you balance will then be covered with a loan to you	tice will be sent by U.S. mail tediately. Notification of this a the time the negative balance to make sure overdrafts do not lastic card access to your accout back to a positive balance, so er in the event of subsequent our account will be included in	o the member. Iction will be sent to occurred to bring yot occur. unt will be revoked et up an overdraft p over draft. In the next Board of	o the member via U.S. mail.  /our account back to a positive  l.  orotection loan and/or make a  Directors meeting and approved
Applicant Signature I (We) agree to the above terms		Co-Applicant Si	gnature	Date
				OPT IN
CHECKING ACCOUNT		SAVING ACCOUNT		OF IN

CARD NUMBER

\$100 MIN. & SOFT PULL (MUST BE ATTACHED)



### HCFCU Opt-in / Opt-out

#### Debit Card Overdraft

You have an option concerning whether you want to have the Credit Union cover your **ATM and everyday debit card transactions.** Please take note that this opt-in rule applies only to ATM and debit card transactions and does not pertain to overdraft services associated with written checks, and electronic debit transactions.

#### Why opt in?

HealthCare First Credit Union's Debit Card Overdraft program is designed with your protection and convenience in mind. Most members do not overdraw their accounts and incur fees; however, life doesn't always go according to plan, and overdrafts do occur. Without opting in, your ATM and everyday debit card transactions may be declined if you attempt to make a transaction without sufficient funds.

#### What You Need to Know about Overdrafts and Overdraft Fees

An <u>overdraft</u> occurs when you do not have enough money in your account to cover the transaction, but we pay it anyway. It includes when you make a debit card purchase or ATM transaction but don't have enough money in your account to pay for it. For a fee, the Credit Union will cover you when you become overdrawn. This fee can apply to each time you overdraw your account.

We will NOT authorize and pay overdrafts for the following types of transactions unless you ask us to:

- 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 be charged if HealthCare First Credit Union pays my overdraft?

• We will charge you a fee of currently \$30 each time we pay a debit card overdraft.

·>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	·>>>>>>>>
I WANT HealthCare First Credit Union to authoriz ATM and everyday debit card transactions.	ze and pay overdrafts on my
I DO NOT WANT HealthCare First Credit Union overdrafts on my ATM and everyday debit card transactors.	± •
Signature	Date