RUSHMORE ELECTRIC FEDERAL CREDIT UNION PO BOX 2414 RAPID CITY, SD 57709

OVERDRAFT SERVICES CONSENT

ATM and One Time Debit Card Transactions

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.a We have standard overdraft practices that come with your account.a
- 2.a We also offer overdraft protection plans, such as a link to a share/savings account or overdraft line-of-credit, 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:

- •a Share drafts/checks, and other transactions made using your checking accounta
- •a Automatic bill payments
- •a ACH transactions

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

●a	ATM transactions			
●a	One-time debit card transa	ctions		
We pay	overdrafts at our discretion, v	vhich means <u>we do not guara</u> i	ntee that we will always authorize and pay any type of transacti	on.
If we <u>do</u>	not authorize and pay an over	rdraft, your transaction will b	pe declined.	
What fees will I I	be charged if the Credit U	Inion pays my overdraft?		
	ur <u>standard overdraft practice</u>			
◆a	We will charge you a fee o	f \$ each time we pay	an overdraft.	
There is	no limit on the total fees we	can charge you for overdrawin	ng your account.	
What if I want th	ne Credit Union to author	ize and pay overdrafts or	n my ATM and one-time debit card transactions?	
			ne debit card transactions, complete the section below and mail	it to:
	RUSHMORE ELECTRIC	FEDERAL CREDIT UNION		
	PO BOX 2414			
	RAPID CITY, SD 57709			
	I und	derstand I will be charged fees is coverage at any time by cont	tacting the Credit Union in writing.	
REMOV	TE COVERAGE I do	<u>not</u> want the Credit Union to	o authorize and pay overdrafts on my ATM and one-time debit	ard transactions.
MEMBEI	R/OWNER SIGNATURE	DATE	PRINTED NAME	
			MEMBER NUMBER	

CREDIT UNION CONSENT CONFIRMATION

Coverage added

Coverage Removed

SIGNATURE OF CREDIT UNION EMPLOYEE

EFFECTIVE DATE