

Important Notice Regarding Your ATM & Debit Card Overdraft Services Opt In/ Opt Out Form

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. As a benefit of membership and service to our members, we can cover your overdraft in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a share account or a line of credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these options.

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

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

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will 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 Blackhawk Community Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$30 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want Blackhawk Community Credit Union to authorize and pay my overdrafts on my ATM and every day debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and present it at one of our locations or call and advise us of your request at 608-755-6065 or 1-800-779-5555. You can also mail this signed form to: Blackhawk Community Credit Union, PO Box 1366, Janesville, WI 53547-1366.

**Overdraft Services Opt-In/Opt-out option for ATM and Debit card transactions Call,
or Bring or Send this form to Blackhawk Community Credit Union.**

___ I want Blackhawk Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions. I realize I may revoke this coverage at any time.

___ I **do not** want Blackhawk Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions

Signature: _____ Date: _____

Name: _____(Print) Email: _____

Account Number(s):

Blackhawk Community Credit Union
P.O. Box 1366
Janesville, WI 53547-1366

For Internal Use Only:

Acct # _____
 Member Records
 Doc Type__Regulation Forms__
 Date _____
 TLR # _____