

Overdraft Privilege Extended Coverage Form for ATM/Debit Card Transactions

I. What You Need To Know about Overdrafts and Overdraft Fees:

An overdraft occurs when there are not enough funds in account to cover a transaction, but we pay it anyway. We can cover overdrafts in two different ways:

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

II. What are the standard vs. extended overdraft coverage?

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

Transactions Covered with ODP	Standard ODP Coverage (No action required)	Extended Coverage Opt-In (Your consent required)*
Checks	x	x
ACH - Auto Debits	x	x
Recurring Debit Card Payments	x	x
Online Bill Pay Items	x	x
Teller Window Transactions (on-us checks only)	x	x
ATM Withdrawals		X*
Everyday Debit Card Purchases		X*

III. What fees will be charged for paying overdraft?

- \$29.00 for each overdraft
- Limit of \$145.00 per day on the total fees on personal/sole proprietor account
- We will not charge an Overdraft Privilege fee if a personal/sole proprietor account is overdrawn by first \$5.00 or less, for each negative balance term

IV. Signing up for Overdraft Privilege Extended Coverage:

- Send a message in your [Online Banking](#)
- Send an email to contact@psfcu.net
- Call 1.855.PSFCU.4U (1-855-773-2848)
- Complete the form below and present it at a branch or mail it to: P.O. BOX 10425, Fairfield, NJ 07004

Date: _____

Account Number: _____

_____ I want **Extended Coverage** and I authorize PSFCU to pay overdrafts for which an Overdraft Privilege fee will be assessed on my ATM and everyday debit card transactions.

You can revoke your authorization for PSFCU to pay these overdrafts at any time by calling the number above. If mailing your revocation, it must include both your name and your account number so that we can properly identify your account.

_____ I **revoke** Extended Coverage

Print Name: _____

Signature: _____