

Simply complete this application and give it to a teller. If you already have a card, but need your Personal Identification Number (PIN), please provide the required information and check the box.

Primary Member: _____

Joint Member: _____

Account #: _____



Address: _____ City/State/Zip: _____

Phone Number: (_____)_____ Is this a new address? Yes No

(Opt In) I want SBCFCU to authorize and pay overdrafts on my ATM and every day Debit Card Transactions.

(Opt Out) I **do not** want SBCUFU to authorize and pay overdrafts on my ATM and everyday 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. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings 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:

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

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

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if SBCFCU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **\$28** each time we pay an overdraft.
- Also, if your account is overdrawn for 5 or more consecutive business days, we may charge an additional \$5 per day.
- There is no limit on the total fees we can charge you for overdrawing your account.

I authorize SB CFCU to obtain and check my credit history as is deemed necessary for the approval of my debit card. I/we agree to be bound by all terms and conditions governing the use of the card as outlined in the EFT Disclosure and Fee Schedule that will be provided to me/us as soon as this application is received and approved.

Primary Member's Signature: _____ Date: ____/____/____

Joint Member's Signature*: _____ Date: ____/____/____

* Both signatures required on joint accounts.