

Opt In Reg E. (Debit Cards)

Your right to request overdraft protection coverage for certain ATM Withdrawals and Debit Card Purchases

Your Right to Request Overdraft Coverage: We will not pay your overdrafts for ATM withdrawals and debit card purchases you make at a store, online, or by telephone, unless you tell us you want overdraft coverage for these transactions. Even if you do not request overdraft coverage for ATM withdrawals and debit card purchases, we may still pay your overdrafts for other types of transactions, including checks.

Having overdraft coverage does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below. Overdraft coverage differs from other overdraft services we offer, such as linking your account to another account with us or an overdraft line of credit. See below for more information, including how to contact us if you want overdraft coverage to apply to your ATM withdrawals and debit card purchases.

Overdraft Fees*

- We will charge you a fee of **\$29.00** each time we pay an overdraft.
- We will also charge you a fee of **\$1.00** for each day your account remains overdrawn.

*May be amended from time to time. Please refer to the Credit Union's Rate and Fee Schedule.

Other Ways We Can Cover Your Overdrafts: We offer other ways of covering your overdrafts that may be less expensive, such as linking your account to another account with us or an overdraft line of credit. Contact us to learn more about these options.

How to Request Overdraft Coverage or Get More Information: To request overdraft coverage for your ATM withdrawals and debit card purchases, or for information about other alternatives we offer for covering overdrafts, please:

If you want us to authorize transactions that go over your credit limit, please print this form, fill it out and sign it. You may bring it to any branch, fax it to 207-827-6674 or mail it to us at:

Penobscot County Federal Credit Union
205 Main Street
Old Town, ME 04468

I/We want overdraft coverage for my ATM withdrawals and debit card purchases. I/We understand that if I/We cause an overdraft, I/we will be charged a fee as stated in the Credit Union's fee schedule.

All other terms and conditions of your Cardholder and other Agreements and disclosures with the Credit Union shall continue to apply.

Account Owner's Name	Joint Owner's Name
X	X
Account Owner's Signature	Joint Owner's Signature
X	X
Date	Date
X	X