

PEPCO Federal Credit Union

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 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 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:

1. Checks and other transactions made using your checking account number
2. Automatic bill payments

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

1. ATM transactions
2. 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 fee will I be charged if PEPCO Federal Credit Union pays my Overdraft?

Under our standard overdraft practices:

We will charge you a fee up to \$29 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 PEPCO Federal Credit UNION to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and present it at a branch or mail it to"

PEPCO Federal Credit Union

701 Ninth Street NW

Suite 6230

Washington, DC 20068

Phone: 202-872-3085

Fax: 202-872-3262

_____ I do not want PEPCO Federal Credit Union to authorize and pay overdrafts on my ATM everyday debit card transactions.

_____ I want PEPCO Federal Credit Union to authorize and pay overdrafts on my ATM everyday debit card transactions.

Signature: _____

Printed Name: _____

Date: _____

Account Number: _____