

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 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:

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 fees will I be charged if PEPCO Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

We will charge you a fee of 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 you 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 St Ste 6230 NW
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 and everyday debit card transactions.

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

Signature: _____

Printed Name: _____

Date: _____

Account Number: _____



(202) 872-3085
1-800-553-7328
Fax: (202)872-3262
www.pepcofcu.org
Email: pepcofcu@aol.com

701 Ninth Street, NW, Washington, D.C..20068

**CONSENT FORM for Pepco Federal Credit Union VISA® credit card
Over-The-Credit-Limit Transactions
Your choice regarding over-the-credit-limit coverage**

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit-limit coverage.

If you have over-the-credit-limit coverage and you go over your credit limit, we will charge you a fee up to \$39. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even if you request over-the-credit-limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.

If you want over-the-credit-limit coverage and to allow us to authorize transactions that go over your credit limit, please use one of the following options:

1. Complete the Consent Form below and mail it to:

Pepco Federal Credit Union, ATTN: VISA, 701 Ninth Street, NW Washington, DC 20068 or you may drop off your completed form at the Benning Road branch office.

2. Use the online VISA Over-the-Credit-Limit Consent Forms available at www.pepcofcu.org

3. Call us at any of these numbers to speak to a Member Services Representative:

202-872-3085 or 1-800-553-7328.

*See current Service Charge Schedule as fees are subject to change. **You may not exceed your established credit limit by more than 10%.

-----Cut here-----

**CONSENT FORM for Pepco Federal Credit Union
VISA® Credit Card Over-The-Credit-Limit Transactions**

I want over-the-credit-limit coverage. I understand that if I go over my credit limit, I will be charged a fee up to \$39. I have the right to cancel this coverage at any time.

I do not want over-the-credit-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.

Name (please print) _____

Address _____

City, State, Zip _____

Account Number and Suffix _____ Phone Number _____

Signature _____

Date _____

Mail to: Pepco Federal Credit Union, 701 NINTH STREET WASHINGTON, DC 20068