

Please print, complete, and sign the bottom of this form to “opt-in” to Protection Plus

***DON'T LOSE A VALUABLE NUFUCU SERVICE  
OPT- IN TO THE ATM, POS, DEBIT CARD PROTECTION PLUS PROGRAM***

**IMPORTANT NOTICE**

New Government Legislation goes into effect July 1, 2010 that requires you to make a decision to continue to utilize your ATM or Debit Card in the Credit Union's Protection Plus Program. This communication is to notify you of your option to Opt-In into the Protection Plus Program.

***WHAT BENEFIT DOES THE PROTECTION PLUS PROGRAM OFFER***

**EXAMPLE:**

Currently, if you are in the Protection Plus Program and you are at a Pharmacy trying to pay with your Debit Card and your prescription bill is \$100.00 but you only have \$20.00 available in your account, the Protection Plus Program will approve your \$100.00 purchase, for your prescription, and overdraw your account \$80.00. We charge a \$27.00 fee for paying your account into the negative. On the other hand, if your account only had \$20.00 available and you were not in the Protection Plus Program, your Debit Card purchase for your prescription would be denied. (This service would also cover ATM withdrawals and POS Transactions.)

We offer the Protection Plus Program if you meet certain criteria. Starting July 1, 2010, if you are enrolled in the Protection Plus Program you will continue to receive Protection Plus on the checks you write allowing you to overdraw your account up to \$550.00 but will no longer have available the ATM, POS, or Debit Card purchase capability within the Protection Plus Program.

***WHAT YOU NEED TO KNOW ABOUT THE PROTECTION PLUS PROGRAM AND ASSOCIATED 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 different ways:

1. We have the Protection Plus Program. 2. We also offer overdraft protection by linking your Savings Account and your Overdraft Line of Credit (if you have one) which may be less expensive than our Protection Plus Program. To learn more, ask us about these plans. This notice explains our Protection Plus Program.

***WHAT ARE THE PROTECTION PLUS PROGRAM PRACTICES THAT COME WITH MY ACCOUNT?***

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

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

As of July 1, 2010 we do not authorize and pay overdrafts via the Protection Plus Program for the following types of transactions **unless** you ask us to:

- ATM Transactions
- Everyday Debit Card Transactions

(NUFCU pays overdrafts via Protection Plus Program 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 NUFUCU PAYS MY OVERDRAFT?***

Under our Protection Plus Program

- Currently we will charge a fee of 27.00 each time we pay an overdraft. (Fees subject to change)
- There is no limit on the total fees we can charge you for overdrawing your account.

**WHAT IF I WANT TO AUTHORIZE AND PAY OVERDRAFTS ON MY ATM AND EVERYDAY DEBIT CARD TRANSACTIONS?**

In order to participate in the ATM, POS, Debit Card Protection Plus Program you must Opt-In by checking the Opt-In box . To be eligible for this program you must also be enrolled in the Share Draft/ACH/Bill Pay Protection Plus Program.

Should you elect not to Opt-IN for ATM, POS and Debit Card Protection Plus Program, your ATM and/or Debit Card will not allow you the make a transaction unless there are funds in your account to cover the transaction.

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**Once you Opt-In to the Protection Plus Program you may elect at anytime to Opt-Out by notifying the Credit Union in writing.**

\_\_\_\_\_ **Yes, PLEASE ENROLL ME IN THE SHARE DRAFT/ACH/BILL PAY PROTECTION PLUS PROGRAM**

\_\_\_\_\_ **YES, PLEASE ENROLL ME IN THE ATM/POS/VISA DEBIT CARD PROTECTION PLUS PROGRAM** (In order to enroll in this program, you must also be enrolled in the Share Draft/ACH/Bill Pay Protection Plus Program)

**PRINTED NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*\*This form may be signed by the Primary Account Holder or a Joint Signer.*