

**Fax, Mail, or Return
Directly to the Grove City Area FCU**

GROVE CITY AREA FEDERAL CREDIT UNION
1 CREDIT UNION WAY
GROVE CITY PA 16127-9971

Notice: New Law Affects Overdraft Protection Service

Effective July 1, 2010



*Grove City Area
Federal Credit Union*

1 Credit Union Way ■ Grove City, PA 16127
(724) 458-7520 ■ Fax (724) 458-7527
www.gcafcu.org

New Overdraft Protection Law

Effective July 1, 2010

The legislation recently passed by Congress requires that consumers must Opt-In to have overdraft protection when using their debit card and/or ATM card. This new law goes into effect based on transactions processed on and after July 1, 2010. If a consumer elects to Opt-In, the financial institution may charge a fee to provide this service/protection. If the consumer elects to not Opt-In, the financial institution is not required to honor any transaction that may exceed the account balance available and may not charge a fee.

What this means to you is if you process a debit card or ATM card transaction and there is not sufficient money in your account to cover the transaction, the financial institution can decline the transaction and cannot charge a fee to do so. If you have elected to Opt-In for overdraft protection, the financial institution may cover the transaction up to the maximum overdraft coverage allowed to save the embarrassment of having your transaction declined.

If you elect to Opt-In, you also have the right to Opt-Out at anytime at no cost. The maximum overdraft amount available is \$300 and there is a fee of \$25.00 to cover an overdraft.

If you want to Opt-In to protect yourself, complete the information on the application to the right, refund and tape shut and mail back to us.

This new law applies to every financial institution that offers overdraft protection plans relating to debit card and/or ATM transactions.

If you have any questions, please don't hesitate to contact us.

Note: This law does not cover check transactions.



YES

I want to Opt-In for overdraft protection for my debit and/or ATM card.

Name

Street

City, State, Zip

Phone: Day

Evening

E-mail Address

Account Number

16 17 18

01 02 03

Signature - Primary Account Holder

Signature - Joint Account Holder –

If applicable Not Applicable