

FEDSTAR CREDIT UNION

Share-Draft Checking Account Opt-In

Safe and Sure Plan

_____ **Yes**, I want to opt-in to the FedStar Credit Union’s Safe and Sure Plan, thereby authorizing FedStar Credit Union to approve and pay overdrafts by transferring necessary funds from my designated share account (listed below) to my regular share draft account (listed below) as outlined in the Safe and Sure Plan and Disclosure.

_____ **No**, I do not want to opt-in to the FedStar Credit Union’s Safe and Sure Plan, and do not authorize FedStar Credit Union to approve and pay overdrafts by transferring necessary funds from my designated share account (listed below) to my regular share draft account (listed below) as outlined in the Safe and Sure Plan and Disclosure. I also realize that by not opting in for this service, I may have items that may incur NSF charges and are returned to the drawee.

Standard Overdraft Practices Program

_____ **Yes**, I want to opt-in to FedStar Credit Union’s Standard Overdraft Protection Program thereby authorizing FedStar Credit Union to approve and pay overdrafts on transactions as outlined in the Standard Overdraft Protection Program that come with my regular share draft account, listed below.

_____ **No**, I do not want to opt-in to FedStar Credit Unions Standard Overdraft Protection Program, and do not authorize FedStar Credit Union to approve and pay overdrafts on transactions as outlined in the Standard Overdraft Protection Program that come with my regular share draft account, listed below. I also realize that by not opting in for this service, I may have items that may incur NSF charges and are returned to the drawee.

Notice of Authorization and Receipt of Disclosures

By signing below, I acknowledge and understand the choices I have made regarding FedStar Credit Union’s Safe and Sure Plan and Standard Overdraft Practices Program, as well as receipt of the following disclosures:

- Safe and Sure Plan and Disclosure
- Standard Overdraft Practices Program and Disclosure
- Standard Overdraft Practices Program Revocation/Opt-out Disclosure for Overdrafts and Overdraft Fees

Printed Name: _____

Share Draft Account: _____

Share Account: _____ Share Account 2 (optional): _____

Member Signature

Date