

Important Notice Regarding Your Overdrafts & Overdraft Services

An overdraft occurs when you do not have enough money in your account to cover a transaction.

If you currently have a checking account and/or debit card with Health One *and* did not “opt-out”, you currently have Overdraft Advance courtesy pay on your account in the amount of \$500.00. If you do not “Opt-in” by July 1, 2010, you will no longer have Overdraft Advance on your checking account.

Frequently Asked Questions

What if I do not “Opt-in” by July 1, 2010?

If you do not have available funds in your savings or checking account:

- Your ATM transaction will be denied
- Your Debit transaction will be denied
- Your ACH and paper checks will be returned unpaid / \$35 Non-Sufficient Funds fee

What fees will I be charged if I “Opt-in” and overdraft my account?

If we pay the transaction with Overdraft Advance you will be charged **\$35.00** per transaction.

- There is no limit to the number of total fees we can charge you for overdrawing your account.
- Overdraft items will be posted in accordance with Health One’s existing checking account procedures.

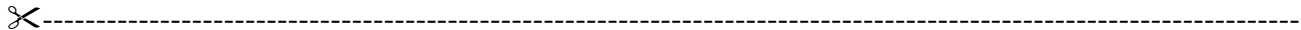
Will returning this form reinstate my Overdraft Advance courtesy pay if it was previously suspended by the Credit Union?

No, simply returning this form will not reinstate any Credit Union services that have been terminated. You must contact the Credit Union should you wish to discuss reinstatement of any suspended services.

Can I call Health One to “Opt-in”?

Health One will not take any verbal requests to “Opt-in” to the Overdraft Advance service. The form must be filled out completely and mailed, dropped off, or faxed to the Credit Union.

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions after July 1, 2010, complete the form below and present at one of our locations or mail to: Health One Credit Union, 600 E Lafayette, Detroit, MI 48226



Overdraft Services Opt-In option form
Fax, bring or send this form to Health One Credit Union.
Effective Date: July 1, 2010

I do not want Health One to authorize and pay overdrafts on my ATM, everyday debit card transactions, ACH and Checks

I want Health One to authorize and pay overdrafts on my ATM, everyday debit card transactions ACH and Checks

Signature: _____

Date: _____

Name: _____

Email: _____

Account Number(s):

Health One Credit Union
600 E Lafayette
Detroit, MI 48226
Fax: 313-225-9338

