

**Share Draft Agreement**

I/We hereby authorize Finger Lakes Health Care FCU to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this account.

**It is further agreed that:**

- (a) Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this account.
- (b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account.
- (c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date or any limitation on the time of payment appearing on the share draft.
- (d) When paid, share drafts become property of the Credit Union and will not be returned with the periodic statement of this account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- (f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (g) This account is subject to the Credit Union’s right to acquire advance notice of withdrawal, as provided by in its bylaws.
- (h) This account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (i) If this agreements is signed by more than one person, the persons signing below shall be the joint owners of this account which, in that even, shall be subject to the additional terms and conditions printed on the reverse side hereof.

**Hold Policy**

The Credit Union, in most instances gives immediate credit to funds deposited. The Credit Union reserves the right to place a hold on funds if the depositor has shown tendencies to overdraw the account or if the dollar amount is large enough to warrant placing a hold until the check has cleared.

**Stop Payment Policy**

To request a stop payment be placed on a share draft (paper check only) written from said account, an account owner must contact the credit union. A fee will be assessed for placement of stop payment. Written authorization may be required.

**Additional Terms and Conditions  
(Joint Share Draft Account Agreement)**

The credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to withdrawal or receipt of any of them, and payment to any of them the survivor(s) shall be valid and discharge the Credit Union from any liability from such payment.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners except by written notice to the Credit Union which shall not affect transactions theretofore made.

*I/we hereby acknowledge that the Credit Union has informed me/us of the following:*

I (we) hereby state that I have read the above disclosures. I understand that a copy of this signed form will remain in my credit union file should I need to reference it again. Disclosures are also given upon account opening.

\_\_\_\_\_

*(Signature 1)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature 2)*

\_\_\_\_\_

*(Date)*

## **OVERDRAFT PROTECTION REQUEST**

In the event of an overdraft on my share draft (checking) account, I request that Finger Lakes Health Care FCU transfer any available funds from the following designated account to offset the overdraft(s) amount.

This protection applies to share draft, ACH, and debit card activity.

Account to be charged \_\_\_\_\_ (1<sup>st</sup>)

Account to be charged \_\_\_\_\_ (2<sup>nd</sup>)

- I acknowledge that all available funds in my share draft account will be applied prior to my protection savings account(s) being assessed.
- I further acknowledge that a fee established by Finger Lakes Health Care FCU will be charged for this service and is subject to change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **COURTESY PAY**

Courtesy Pay is a non-contractual overdraft protection service that we offer to our members with eligible share draft accounts. As long as you maintain your account in good standing, we may cover insufficient fund items up to your approved limit of \$300.00. We will charge our normal \$25 NSF and send you a notice each time an overdraft occurs.

Courtesy Pay applies to all share drafts, electronic bill payments and most electronic (ACH) items. If you would like to extend this service to your Visa Debit/ATM card, you must opt in.

\_\_\_\_\_ I do want Finger Lakes Health Care FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

\_\_\_\_\_ I do not want Finger Lakes Health Care FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

If I would like to change my opt in decision at any time in the future, I can simply contact the credit union by phone, email, mail or at [www.flhc.com](http://www.flhc.com).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date