



Member Privilege Authorization



Certain regulatory requirements control how overdrafts are handled by financial institutions for consumer accounts. Since these changes may affect the way you manage your account, we want you to understand the choices that you have with Roanoke Valley Community Credit Union.

Due to regulatory requirements, Member Privilege does not cover Checking (Share Draft) and Debit Card transactions unless you choose to utilize the program. With this in mind, Roanoke Valley Community CU is offering an opt-in option that allows members to choose to use Member Privilege. You will need to complete and return to the credit union this opt-in Authorization Form.

As a benefit of your relationship with us, Member Privilege is available for your Checking (Share Draft) Account. With our Member Privilege, if you inadvertently overdraw your account, we have the option to cover your overdrafts up to a certain amount, including fees, and thereby saving you the embarrassment of a returned or declined item, as well as the fee normally charged to you by merchants for items returned to them. Under our standard Checking (Share Draft) and Debit Card practices, we will charge you a fee of \$25.00 each time we pay an overdraft and there is no limit on the total fees we can charge you for overdrawing the account. We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

Account # _____ Date _____

Yes, I want Roanoke Valley Community CU to authorize and pay overdrafts on my Checking (Share Draft) and Debit Card transactions.

No, I do not wish to have the normal overdraft privilege limit applied to this Checking (Share Draft) account. I understand that in signing this waiver, Roanoke Valley Community Credit Union will not provide overdraft privilege protection, as disclosed to us, to this account. I further understand that in order to have Roanoke Valley Community Credit Union apply the Member Privilege limit to this account in the future, the account must be in good standing at the time of the request to do so.

Full Name _____

Member Signature _____ **Date** _____

Your signature(s) on this request will be compared to your signature(s) on file if not signed in front of an RVCCU representative.

You may fax or mail the completed forms and any other required information to our office.

Fax: (540) 982-3937

Mail: Roanoke Valley Community CU
Attn: Member Services
P.O. Box 13045
Roanoke, VA 24030-3045

Received: By _____ Date _____