

Privilege Pay Overdraft Service

Privilege pay is an overdraft service offered to all qualifying members who have an approved checking account.

What does Privilege Pay do?

Privilege pay will authorize and pay overdrafts, up to your approved tier, when the funds are not available in your account. The credit union has a standard overdraft tier amount of \$250. This is provided with your checking account. This amount can increase automatically depending on your length of membership and/or account balances. Our tier increments are \$250, \$500, \$1000, and \$1500.

* Once you establish direct deposit and a 90-day positive history, you can contact us to review your Privilege Pay limit to be increased. *

❖ The following transactions will be covered:

- ✓ Checks and ACH/electronic payments made using your checking account number.
- ✓ Automatic bill payments.
- ✓ ATM/debit card purchases.

❖ What fees will be charged if Privilege Pay is used?

- ✓ We will charge you a fee of \$30.00 each time we pay an overdraft listed above
- ✓ Daily maximum fee limit \$150.00

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined and/or your check/ACH will be returned. You will also be charged a \$30.00 return/overdrawn fee.

The credit union reserves the right to revoke Privilege Pay at any time without prior notification and to deny the payment of any transactions. Should the account remain overdrawn beyond thirty days, Privilege Pay will be frozen. Should the account remain overdrawn beyond forty-five days, Privilege Pay will be suspended.

You can choose to opt-out of Privilege Pay at any time while your share draft account remains open.

- I DO NOT want Ohio HealthCare FCU* to authorize and pay overdrafts on my checking account.
- I would like Ohio HealthCare FCU to authorize and pay overdrafts on my checking account.

Member Name: _____ Member Number: _____

Member Signature: _____ Date: _____

Ohio HealthCare Federal Credit Union reserves the right to alter or terminate Privilege Pay for any reason.

For Office Use Only:	
Staff Initial: _____ Date: _____	<input type="checkbox"/> Opted In/Out Debit Card <input type="checkbox"/> Opted In/Out Alter Account Details <input type="checkbox"/> Diary Memo



Dublin Office
3955 W. Dublin Granville Rd
Dublin, OH 43017
Fax: 614-737-6031
Toll Free: 866-254-4791

Riverside Office
3445 Olentangy River Rd
Columbus, OH 43214
First Floor, Suite 110
Fax: 614-566-4994
Toll Free: 866-254-4791

Town & Grant Office
363 E. Town St
Columbus, OH 43215
Fax: 614-246-2050
Toll Free: 866-254-4791

Akron Office
1174 Battle Ave
Akron, OH 44314
Fax: 330-848-6095
Toll Free: 866-254-4791

Privilege Pay Disclosure

It is the policy of Ohio HealthCare Federal Credit Union to comply with all applicable laws and regulations and to conduct business in accordance with applicable safety and soundness standards.

The Account Information Disclosure provided to you at the time you opened your account controls the duties, obligations and rights of the Depositor, the Authorized Signatories and Ohio HealthCare Federal Credit Union with regard to your account(s). The Account Information Disclosure (and all amendments thereto) and its terms shall control any possible conflict, if any, between any provision of this Privilege Pay Disclosure and the Account Information Disclosure. A copy of this information is available to you upon request.

Ohio HealthCare Federal Credit Union is not obligated to pay any item presented for payment if your account(s) does not contain sufficient available funds, and any discretionary payment (or other negotiation or process) by Ohio HealthCare Federal Credit Union of any non-sufficient fund check or item(s) or to provide prior notice of its decision to refuse to pay any additional non-sufficient fund check or item(s).

All Ohio HealthCare Federal Credit Union personal share draft accounts, including ATM/Debit transactions, may qualify for Privilege Pay. For qualification, you must be age 18 and over and maintain your account in good standing, which includes:

- A) Making regular deposits consistent with your past practices
- B) Depositing an amount equal to the amount or more of the Privilege Pay extended to you within each thirty (30) day period, bringing your account balance positive
- C) You are not in default on any loan or other obligation to Ohio HealthCare Federal Credit Union
- D) You are not subject to any legal or administrative order or levy
- E) No overdrawn accounts with Ohio HealthCare

You can choose to opt-out of Privilege Pay at any time while your share draft account remains open.

Our Privilege Pay program is dynamic, meaning the limit may increase or decrease daily, depending on the above set of rules. The limit may be suspended or reduced to zero when the eligibility criteria are no longer met.

The Privilege Pay limit (including fees) that may be extended to you is based on the length of time your share draft account was opened with Ohio HealthCare Federal Credit Union. The limits are as follows:

<u>Tier #</u>	<u>Description</u>	<u>Minimum Length of Membership</u>	<u>Balance Requirement</u>	<u>Privilege Limit</u>
1	Platinum	1 Year	Greater than \$5,000 Total Shares & Investments	\$1,500
2	Gold	6 Months	None	\$1,000
3	Classic	3 Months	None	\$500
4	Basic	None	None	\$250

The total of the Privilege Pay (negative) balance, including any and all fees (\$30.00 per item/Daily maximum of \$150.00), including all non-sufficient funds/overdraft fees, continuous overdraft fees and interest charges is due and payable upon demand, and Depositor and each Authorized Signatory will continue to be liable for all such amounts, as described in the Account Information Disclosure.

Ohio HealthCare Federal Credit Union reserves the right to alter or terminate Privilege Pay for any reason at any time, without notice.