

OVERDRAFT COVERAGE APPLICATION

Worry-free protection

It can happen to anyone. You've been using your checking account more than usual and now, as you write a check for that emergency car repair, you overdraw your account. The check is returned for insufficient funds and your account is charged with a special handling fee.

If you have an American Eagle Federal Credit Union Checking account and a savings account or an American Eagle Visa card, the answer is simple: Overdraft Coverage. Whenever you overdraw your account, either by using your CURT Plus check card, personal checks, ACH, or our automated Bill Payment service, Overdraft Coverage automatically kicks in, saving you the expense and embarrassment.

HOW IT WORKS:

SAVINGS OVERDRAFT COVERAGE*	VISA OVERDRAFT COVERAGE
<p>Overdraft coverage from your savings will automatically transfer any available funds from your savings account to your checking account to cover the overdraft.</p> <p>A fee of \$5.00 per transfer will be charged to your savings account. The transfer and fee will appear on your next statement. You will also receive written notice showing the date and amount of the transfer and fee. There is a limit of six automatic pre-authorized or third-party transfers from your savings accounts per month.</p>	<p>Overdraft coverage from your VISA credit card automatically transfers a cash advance for the exact dollar amount from your Credit Union VISA account (up to your available VISA credit limit) to your checking account to cover the overdraft.</p> <p>The cash advance deposit will appear on your next checking statement, as well as on your next VISA bill. <i>(Please note that finance charges start accruing from the date of the cash advance.)</i> You also will receive a written notice showing the date and amount of the cash advance.</p>

HOW TO APPLY:

It's easy. Complete the attached application and deliver to your nearest branch or mail to us at American Eagle Federal Credit Union, Attn: Deposit Services, 417 Main Street, P.O. Box 280128, East Hartford, CT 06128-0128.

***Owner of Savings account must be an owner or joint on Checking account.**

For more information, please call us at 860-568-2020 or 800-842-0145, extension 5101.

-----Return to American Eagle Federal Credit Union / Deposit Services-----

OVERDRAFT COVERAGE APPLICATION										
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">APPLICANT'S NAME (PRIMARY MEMBER)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">ADDRESS</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">CITY</td> <td style="width: 33%;">STATE</td> <td style="width: 33%;">ZIP</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">TELEPHONE NUMBER</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CO-APPLICANT OR JOINT OWNER</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CHECKING ACCOUNT NUMBER(S)</div> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">CREDIT UNION USE ONLY: Employee</td> <td style="width: 30%;">Branch #</td> </tr> </table> </div>	CITY	STATE	ZIP	CREDIT UNION USE ONLY: Employee	Branch #	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>SELECT ONE:</p> <p style="text-align: center;">ADD REMOVE</p> <p>OVERDRAFT COVERAGE FROM SAVINGS SAVINGS ACCOUNT # _____</p> <p style="text-align: center;">ADD REMOVE</p> <p>OVERDRAFT COVERAGE FROM VISA VISA CREDIT CARD # _____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Apply now and begin enjoying the peace of mind that Overdraft Coverage provides! I/We apply for Overdraft Coverage. I/We agree this application shall remain the property of the Credit Union whether overdraft coverage is granted or denied. I/We have read the terms, fees, and conditions as stated in this application and agree to same. I/We understand that if I/we select Savings Overdraft Coverage and there are nonsufficient funds in my/our savings' accounts, the Credit Union will be under no obligation to provide this service. I/We understand that I/we can elect to have the Overdraft Coverage from my savings or VISA credit card. For Overdraft Coverage from my/our Savings, I/We understand there is a limit of 6 automatic, pre-authorized, or third-party transfers from my/our savings account per month. I/We understand that there is a fee for the Savings Overdraft Coverage.</p> </div> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%; border: 1px solid black; padding: 5px;">SIGNATURE (PRIMARY MEMBER)</td> <td style="width: 30%; border: 1px solid black; padding: 5px;">DATE</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: 1px solid black; padding: 5px;">CO-APPLICANT'S OR JOINT OWNER'S</td> <td style="width: 30%; border: 1px solid black; padding: 5px;">DATE</td> </tr> </table>	SIGNATURE (PRIMARY MEMBER)	DATE	CO-APPLICANT'S OR JOINT OWNER'S	DATE
CITY	STATE	ZIP								
CREDIT UNION USE ONLY: Employee	Branch #									
SIGNATURE (PRIMARY MEMBER)	DATE									
CO-APPLICANT'S OR JOINT OWNER'S	DATE									