

# THIS LETTER DESCRIBES IMPORTANT CHANGES TO YOUR CROSSPOINT FCU VISA DEBIT CARD

Dear Member:

On July 1, 2010, the regulations permitting overdrafts and overdraft fees on Debit Card transactions are changing. These changes affect all members who have checking accounts with our "Overdraft Privilege/Courtesy Pay" Service ("ODP"). The new law requires us to obtain from you a signed OPT-IN form prior to permitting access to the Service for Debit card transactions if we charge a fee.

After July 1, 2010, if we do not have a signed opt-in form, we will not authorize transactions that would access ODP.

Currently we treat your Debit Card transactions the same as writing a check, in regard to overdrawing your account and charging the associated \$34 service fee. As of July 1, 2010 the new law mandates you choose (opt-in) to have the Service for your debit card transactions and to pay the fee if you want this Service. If you do not opt-in you will not have ODP available for your Debt card transactions and your transaction(s) will be declined if there is not enough money in your account when you attempt a transaction. If a transaction is declined you will not be charged an overdraft fee. If you OPT-IN you will be charged the service fee for any approved transactions that access the Overdraft Privilege/Courtesy Pay service. If you OPT-IN you may change your choice at any time by notifying the Credit Union in writing.

By opting in you are giving the Credit Union authorization to include you in the ODP program for your Debit Card transactions.

Complete the opt-in section below now. You can drop off this form at any of our branches, fax it to (203) 230-9435 or mail it to: Crosspoint FCU, 105 Sanford Street, Hamden, CT 06514, Attention: Electronic Services Department.

**Retain the above for your records as confirmation of your OPT-IN**

\_\_\_\_\_Tear here and return\_\_\_\_\_

Please include my Debit card transactions in my Overdraft Privilege/Courtesy Pay service. I understand I will incur a charge if I use this service. I also understand that I may change my choice at any time by notifying you in writing.

Print Name: \_\_\_\_\_ Member Account #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: (203) 230-9435 Attention: Electronic Services