

# Diebold Federal Credit Union

***NOW SERVING ALL OF STARK COUNTY***

6299 Dressler Rd NW  
North Canton, OH 44720  
P(330)526-2075  
F(330)305-1906

5995 Mayfair Rd NW  
North Canton, OH 44720  
P(330)526-2070  
F(330)497-7306

www.dieboldcu.com  
dfcu@dieboldcu.com

## SHARE DRAFT TERMS AND CONDITIONS

**Regular Share Draft Checking**

**Money Market Checking**

I/We hereby authorize Diebold Federal Credit Union to establish a Share Draft Account. The Credit Union is authorized to pay drafts signed by the member(s) listed below and to charge the payment against the Share Draft account. It is agreed that:

- A) Only Share Drafts (checks) and other methods approved by the Credit Union may be used to withdraw funds from the account.
- B) The Credit Union is under no obligation to pay a Draft, which exceeds the balance in the Share Draft account. The Credit Union may, however, pay such a Share Draft and charge the amount of the resulting overdraft plus a service charge against your Share or Share Draft Account. The Credit Union is under no obligation to pay a Share Draft on which the date is more than six months old.
- C) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a Share Draft.
- D) If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet of paper at the address above as soon as possible. We must hear from you no later than 60 (sixty) days after we sent you the first statement on which the error or problem appeared. In your letter give us the following information:
  - 1) Your name and account number.
  - 2) The dollar amount of the suspected error.
  - 3) Describe the error and explain, if you can, why you believe there is an error.
- E) The Share Draft account shall be subject to such other terms, conditions, and requirements as the Credit Union may establish from time to time.
- F) The Share Draft account shall be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time.
- G) If signed by more than one person, this agreement is subject to the additional terms and conditions of any joint share account agreement.
- H) I/We hereby authorize the Credit Union or any Credit Bureau or other investigative agency employed by the Credit Union, to investigate data obtained from me or from any other source whatsoever pertaining to my credit and financial responsibility. **I/We also understand the Credit Union may close this account, if after an investigation, derogatory information is received. Proper notice will be provided by the Credit Union to the undersigned.**

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Signature

Date

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Signature

Date

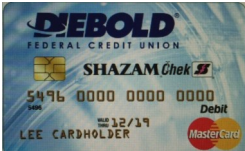
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## Complete this application to receive your new Debit MasterCard

Notice: If you want a second card, the account to be used must be a joint account.

### MEMBER ACCOUNT INFORMATION

Member \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Checking Account Number \_\_\_\_\_  
SSN/TIN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### JOINT ACCOUNT HOLDER INFORMATION

Joint Member \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Checking Account Number \_\_\_\_\_  
SSN/TIN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

If a Debit MasterCard(s) is/are issued. I/we, the undersigned applicant(s), by signing or using the Debit MasterCard(s) ("card") agree that I/we will be bound by the terms of the Debit MasterCard(s) agreement and disclosure which will be furnished to me/us. I/We agree to surrender the card (s) upon demand and authorize Diebold Federal Credit Union to obtain credit reports in connection with this application and for any update or renewal of the card(s).

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

Debit Card Number \_\_\_\_\_

Daily Limit \_\_\_\_\_

CU CENTRIC

SHAZAM

ATM ACCESS

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## WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

- 1 – We offer standard overdraft practices that come with your account
- 2 – We also offer overdraft protection plans such as a link to a savings account, which may be less expensive than our standard overdraft practices.

To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

### What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to:

- ATM transactions
- Everyday debit card transactions

*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.*

### What fees will I be charged if Diebold Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$30.00 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

### What if I want Diebold Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call (330) 526-2075, visit [www.dieboldcu.com](http://www.dieboldcu.com), or complete the form below and present or mail it to:

**Diebold Federal Credit Union**  
6299 Dressler Road NW  
North Canton, OH 44720

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**You have the right to revoke your decision at any time.**

- I want Diebold Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- I do not want Diebold Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

**Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Account Number(s):** \_\_\_\_\_