



<Date>

<First Name> <Last Name>

<Address 1>

<Address 2>

<City>, <ST> <Zip>

Important Message from <Institute Name> about Overdraft Opt-In Deadline

Dear <First Name>,

We are making an important change to your Overdraft Protection service. This service, which is presently available to you, allows us to pay withdrawals to your checking account that would cause it to become overdrawn.

Beginning [August 15, 2010], you must ask us to “OPT-IN” to continue receiving Overdraft Protection for ATM and debit card transactions. Without this consent, we will decline to pay ATM and everyday debit card transactions that overdraw your account. There is no fee if we decline ATM and debit card transactions. If you do not OPT-IN, we will turn your ATM and debit card overdraft protection off on August 15, 2010. We will continue to pay overdrawn checks and automatic bill payments and charge you a fee.

To authorize {InstitutionName} to pay your overdrafts on ATM and debit card transactions, call us at {000-000-0000}, visit our Web Site {InstitutionName} or complete the enclosed form and mail it to us at {Institution Address}, or bring it to a branch.

We charge a #{00.00} fee each time we pay an overdraft. If you cause an overdraft, you must pay the overdraft and fee to bring your account positive as soon as possible. Presently, we will pay overdrafts to a limit of #{00.00} including overdraft fees.

Overdrafts are paid at our discretion. Payment of an overdraft is not guaranteed.

Overdraft Protection is simply a way for us to provide a higher level of service when an inadvertent error may cause an overdraft. If you have already asked to “OPT-IN” and received this letter please give us a call so that we can correct this oversight. We thank you for your continued loyalty.

Sincerely,

Title

Your Institution