



<Date>

<First Name> <Last Name>

<Address 1>

<Address 2>

<City>, <ST> <Zip>

Dear <First Name>,

INFORMATION ON OVERDRAFTS AND OVERDRAFT FEES

An **overdraft** occurs when your account does not have enough money for a transaction, but we pay it anyway. We offer two different ways to cover your overdrafts:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as links to savings account and lines of credit (loans). These may be less expensive than our standard overdraft practices. Ask us for more information on these plans.

This notice explains our standard overdraft practices.

It is our **standard overdraft practice** to pay check and automatic bill payment overdrafts made using your checking account number.

Beginning August 15, 2010, we will not pay overdrafts on your ATM and everyday debit card transactions unless you ask us (see below). If you do not ask us, the transaction will not be paid, and no fee will be imposed. We may continue to pay overdrafts on your checks and automatic bill payments and impose a fee.

Overdrafts are paid at our discretion. Payment of an overdraft is not guaranteed. If we do not authorize and pay an overdraft, your transaction will be declined and item returned unpaid.

We charge a $\${00.00}$ fee each time we pay an overdraft.

There is no limit on the total fees we can charge you for overdrawing your account. We can close your account if you have excessive overdrafts. You should ask us if you qualify for a program that may pay your overdrafts for less than the overdraft 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 form below and mail it to us at {Institution Address}, or bring it to a branch.

We will send you a confirmation of your authorization. You may revoke this consent at any time.

Return to: {Institution Address}

I authorize [Institution Name] to pay overdrafts on my ATM and everyday debit card transactions. I have the right to revoke this consent at any time.

Signature: _____ Printed Name: _____

Address: _____

Account Number: **{Account}**

Account Number: **{Account}**

Account Number: **{Account}**

Account Number: **{Account}**

Date: _____