

Overdraft Protection Request

(Checking Accounts Only)

Account # _____

Print Name: _____

Print Name: _____

Amount Requested:

\$200

\$400

Other _____

All account owners who sign this form are requesting Overdraft Protection (ODP). I/we understand the amount of ODP and the continuation of ODP is dependent upon direct deposit or a regular deposit relationship to the account. I/we will be notified by the Bank of the current amount of ODP once regular and recurring deposit activity to the account is established. I/we understand that without direct deposit to the account, a minimum of \$300 in deposits, in a calendar month, is required to activate my ODP. I/we also understand increases in ODP may from time to time be offered; however, I/we may decline "opt out" of the increase and/or cancel ODP at any time, by contacting FSNB. Each overdraft item is subject to all applicable current NSF/OD charges. By signing, I/we agree that I/we have received, read, and agree to be bound by the ODP Terms and Conditions outlined in the FSNB Deposit Account Information brochure or provided online at fsnb.com.

Signer 1: _____

Signer 2: _____

Date: _____

You may mail to FSNB, Attn: ODP Dept-Main, P.O. Box 33009, Fort Sill, OK 73503, scan and email to fsnb@fsnb.com, or fax to 580-354-3402.

You may also drop it off at any local branch.

If you need immediate Overdraft Protection, please call Customer Service at 1-800-749-4583.