

FSNB, N.A.

Request for Overdraft Protection

Account number:

1. Name:
Last 4# of SSN:

2. Name:
Last 4# of SSN:

3. Name:
Last 4# of SSN:

All account owners who initial this form are requesting Overdraft Protection (ODP). I/we understand the amount of ODP and the continuation of ODP is dependent on 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 the current overdraft fee. By initialing, I/we agree that I/we have received, read and agree to be bound by the ODP Terms and Conditions outlined in the accompanying FSNB Deposit Account Information brochure.

Initials:

Account Holder 1) _____ Date _____

Account Holder 1) _____ Date _____

Account Holder 1) _____ Date _____

Please print, sign, and date. You may fax to 580-354-3402, scan and email to fsnb@fsnb.com, or mail to FSNB, Attn: ODP, P.O. Box 33009, Fort Sill, OK 73503. You may also drop it off at any local branch.

CSR:

Branch: