

**FSNB
REQUEST FOR OVERDRAFT PROTECTION**

Account No.

Account Holder(s):

1)Name:

SSN:

2)Name:

SSN:

3)Name:

SSN:

Address:

User code: Bank Verified Direct Deposit (DD) qualifies
an immediate \$200 ODP Limit.

Type of BC: (if SS or VA, list phone # and rep name below)

Bank verified means the Bank assisted by phone or internet to establish
your direct deposit.

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 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 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.

**** Requires a copy of the account disclosure brochure at the time of
request.**

Initials: Account Holder 1) _____ Date _____

2) _____ Date _____

3) _____ Date _____

CSR:

Branch:

*****Bank Use*****

Manager's Approval:

Date: