

OPT-Out Form

EXPLANATION OF OVERDRAFT COVERAGE

Overview of Coverage

We currently provide overdraft coverage for your account. This means that if you attempt to spend or withdraw more money than you have in your account, we may decide to pay the overdrawn amount. Having overdraft coverage does not guarantee that we will pay your overdrafts. If we do, we will charge you fees. This coverage differs from other overdraft services we offer, such as linking your account to another account with us or an overdraft line of credit.

Your Right to Opt Out of Overdraft Coverage

You may tell us not to pay overdrafts for ATM withdrawals and debit card purchases you make at a store, online, or by telephone. [If you do, we will decline these transactions if you do not have enough money in your account to cover them.] As a result, you may pay fewer overdraft fees.

Your decision to opt out will not affect whether we pay overdrafts for other types of transactions, including checks. We may still cover these transactions and charge you a fee. See below for more information about your overdraft coverage, including how to contact us to opt out.

Overdraft Fees

We will charge you a fee of up to [\$27.50] each time that we pay an overdraft.

We will also charge you a fee of [\$0.00] for each day your account remains overdrawn.

[There is no limit on the daily fees we can charge you for overdrawing your account.]

Other Ways We Can Cover Your Overdrafts

We offer other ways of covering your overdrafts that may be less expensive, such as linking your account to another account with us or an overdraft line of credit. Contact us to learn more about these options.

How to Opt Out or Get More Information

To opt out of our overdraft coverage, or for information about alternatives we offer for covering overdrafts, please: [include as applicable]

Contact us at 1-931-728-3381

Downloadable form at www.bankwithpeoples.com

Contact us by email at compliance@bankwithpeoples.com

Complete the form below and mail it to **Peoples Bank & Trust Co., PO Box 1049, Manchester, TN 37349-109**

 I do not want overdraft coverage for my ATM withdrawals and/or debit card purchases.

Printed Name: _____

Signature: _____

Date: _____

Account Number: _____

Employee _____

Internal Use Only

Verified _____

____ In Person

____ Phone

____ Fax

____ Email