What You Need to Know about Overdrafts and Overdraft Fees



An <u>overdraft</u> occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

- 1. We have standard overdraft practices that come with your account.
- 2. We also offer <u>overdraft protection plans</u> which may be less expensive than our standard overdraft practices. To learn more, ask us about your options.

THIS NOTICE EXPLAINS OUR STANDARD OVERDRAFT PRACTICES.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

Checks and other transactions made using your checking account number

'Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

'ATM transactions

Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if First State Bank pays my overdraft?

Under our standard overdraft practices:

We will charge you a fee of \$34.00 each time we pay an overdraft. (Fee amount is subject to change.)

The maximum number of overdraft fees that we can assess is limited to 6 per day.

What if I want First State Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 815.538.2265 or toll-free 800.362.9623 and tell us you would like to OPT-IN, or fill out and submit the form below to First State Bank 706 Washington St., Mendota, IL 61342 Attn: Customer Service or stop by any one of our convenient locations and talk to a customer service representative or visit www.firststatebank.biz.

First Name:	Middle:	Last:	
(providing my email address indic	ates my desire to receive an electronic confirmation	nation of my consent to Opt-In)	
I want First State B everyday Debit Care	ank to authorize and pay overdrafts d transactions.	on my ATM withdrawals and	
The following Accounts: _			
I understand that I have	an ongoing right to revoke this	consent at any time.	
Signature:		Date:	