

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft 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 overdraft protection plans, such as a link to another savings, checking or line of credit, which may be less expensive than our standard overdraft practices. To learn more, ask about these plans.

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 Harrison Bank pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$33 each time we pay an overdraft.
- The maximum number of overdraft fees that we can assess is limited to \$175 per day.

What if I want First Harrison 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, do one of the following: call 1800-390-1465, visit a local branch, or complete and sign the Election Form below, detach it at the line, and deliver it to us or mail it to us at First Harrison Bank, PO Box 37, Palmyra IN 47164.

Note – You can revoke your authorization at any time.

I want First Harrison Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I wish to opt out of my current enrollment in Overdraft Coverage.

Additional notes

Signature:

Printed Name:

Account Number:

Date:

Employee Name: