

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 a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us 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 Citizens Bank pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to \$35 (or our current overdraft fee) each time we pay an overdraft.

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

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

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and take it to one of our convenient branch locations. Or you can mail it to: ATTN: Cashiers Office, First Citizens Bank, PO Box 1630, Elizabethtown KY 42702; fax to 270-769-5614; or you can call 270-769-2301.

Effective August 15, 2010:

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

Printed Name: _____

Date: _____

Account Number: _____

For multiple accounts, please use a form for each account.

IMPORTANT NOTICE: IF YOU DO NOT COMPLETE THIS FORM AND RETURN TO US OR CALL US TO OPT-IN, WE WILL ASSUME THAT YOU DO NOT WISH TO AUTHORIZE OVERDRAFTS ON ATM AND EVERYDAY DEBIT CARD TRANSACTIONS.

For Bank Use Only:

Method of Opt in:

Written

Phone

Other

Date Received: _____

System Input Date: _____

Employee: _____