

# Overdraft Fee Forgiveness Program Enrollment/Cancellation Form Online Account Opening



## Enrollment and Benefits:

I agree to enroll in the Bank Independent Overdraft Fee Forgiveness Program and understand that this program includes the following features and requirements based upon my enrollment date:

	My enrollment date is within this period...	My program fee will be... (for the first calendar year enrolled)	And I will be entitled to a refund of up to... (for the first calendar year enrolled)
<input type="checkbox"/>	January <i>through</i> April	\$36.00	3 Overdraft Fees
<input type="checkbox"/>	May <i>through</i> August	\$24.00	2 Overdraft Fees
<input type="checkbox"/>	September <i>through</i> December	\$12.00	1 Overdraft Fee

- The program fee indicated above will be debited from the checking account I have designated below within the next two business days.
- Based upon the date of my enrollment, the indicated number of overdraft fees shown in the table above that post to the enrolled account will typically be refunded to my account no later than the next business day after they are posted. If fewer overdrafts occur during any enrollment period, only the number of overdraft fees posted to the account will be refunded.
- In January of each year following my initial enrollment, my enrollment in the program will be **automatically renewed** for one calendar year unless I cancel my enrollment in the program (see cancellation details below). The renewal fee will be \$36 per year and I will be entitled to a refund of up to 3 overdraft fees each calendar year I am enrolled. The renewal fee will be automatically debited from my account during January of each year that I am enrolled in the program.
- I understand that I will be charged an Overdraft/NSF fee of \$36 for each overdraft that exceeds the number refunded in any given calendar year I am enrolled in the program.
- I further understand that a refund of an overdraft fee does not indicate nor guarantee that the overdraft item will be paid and/or not returned to the presenter.
- Standard overdraft practices apply when you have authorized us to pay and we have agreed to pay checks and other transactions causing an overdraft through automatic bill payments and for checks and other transactions made using your account number. Whether your overdraft item will be paid is discretionary and we reserve the right not to pay. For example, we typically do not pay overdraft items if your account is not in good standing, if you are not making regular deposits, or if you have too many overdrafts. We will not authorize and pay overdrafts for ATM transactions or everyday debit card transactions unless you ask us to. Deposits are required within 60 days of an overdraft. If an overdraft is not paid in full within this period, your account is subject to close. See a Personal Banker for details on minimum balance requirements and monthly maintenance fees for all deposit accounts.
- Bank Independent reserves the right to terminate this program at any time, effective at the expiration of any calendar year.
- I understand that I must deposit the enrollment fee for this program as listed in the table above into my new account in addition to the minimum amount required to open my new deposit account. If the enrollment fee is not deposited into my new account, I understand that I will not be enrolled in the Overdraft Fee Forgiveness Program. I also understand that I may be contacted about my enrollment from Bank Independent's Customer Service Department.

I authorize Bank Independent to debit my account at the cost indicated above for the Program. An Enrollment Form must be completed for each checking account enrolled in the program. I understand that I may cancel the Program at any time by providing notification to the bank in person. I understand that closing my enrolled account will automatically cancel my enrollment, but not my obligation to pay any outstanding charges for my enrollment period as stated above.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

CIF Number \_\_\_\_\_

Enrolled Account \_\_\_\_\_

**Cancellation of Overdraft Fee Forgiveness Program:**

I would like to cancel my enrollment in the Bank Independent Overdraft Fee Forgiveness Program and understand and agree to the terms indicated below:

- Effective immediately I will no longer be charged or be eligible for the benefits of the Overdraft Forgiveness Program, and will not receive a refund of any charges I have paid to date.
- I will be eligible to re-enroll this account in the Bank Independent Overdraft Fee Forgiveness Program in January following the cancellation date indicated below.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

CIF Number \_\_\_\_\_ Enrolled Account \_\_\_\_\_