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 a <u>standard overdraft practices</u> that come with your account.
- 2. We also offer one or more <u>overdraft protection plans</u>, such as A link to another account, which may be less expensive than or standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

- What are the <u>standard overdraft practices</u> that come with my account? We DO authorize and pay overdrafts for the following types of transactions:
 - o Checks and other transactions 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:

- ATM Transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means <u>we do not guarantee</u> 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 NATIONAL BANK OF KANSAS pays my overdraft?

Under our standard overdraft practices:

- o We charge a fee of 30.00 per each item that overdraws your account.
- There is NO LIMIT on the total fees we can charge you for overdrawing your account.
- What if I want FIRST NATIONAL BANK OF KANSA to authorize and pay overdrafts on my ATM and every day debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the Election Form below, detach it at the dotted line, and present it to us.

I want FIRST NATIONAL BANK OF KANSAS to authorize and pay overdrafts on my ATM and everyday debit card transactions for the account identified below.	
Printed Name:	
Sianature:	Date:

You have the right to revoke such consent at any time.

Confirmation of Consent

Date:	
Account Owner Name:	
Account Owner Address: _	
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our (the above named Instit	at you (the above named Account Owner consented to ation) authorizing and paying overdrafts on your ATM and tions with respect to the following account:
Account Number:	