

**DISCRETIONARY OVERDRAFT PROTECTION**  
**--- OPT OUT ELECTION FORM---**

\_\_\_\_\_  
Name of Primary Account Owner (please print)

The undersigned, the Primary Account Owner, hereby acknowledges that the he/she may be eligible to receive discretionary overdraft protection, provided by Peoples Bank, Paris, Texas (Bank) as described in the Disclosure Agreement provided at enrollment.

1. The undersigned hereby states that he/she does **not** desire to receive the discretionary overdraft protection service offered by the Bank.
2. The undersigned hereby requests that the discretionary overdraft protection service be removed from his/her account.

By opting out, I understand that:

- (a) no overdrafts will be paid at any time;
- (b) that there will be a non-sufficient funds "NSF" fee of \$20.00 assessed for each returned item that overdrafts my account;
- (c) that the bank is not liable for any fees and charges that are imposed by merchants or other payees to whom items are returned; and
- (d) the bank is not responsible for any consequential damages (i.e. late fees, default charges) as a result of the return item.

\_\_\_\_\_  
Signature of Primary Account Owner

PEOPLES BANK Eff. 12/04