

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 the following manner:

1. We have standard overdraft practices that come with your account.

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 will not authorize and pay overdrafts for the following types of transactions without your consent.

- 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 Community National Bank pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to **\$30** each time we pay an overdraft if your account is overdrawn more than \$10
- We will charge a fee of \$5 if your account is overdrawn \$10 or less
- **There is a limit** of \$120 per day on the total fees we can charge you for overdrawing your account

➤ **What if I want Community National 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, call (785) 336-6143, visit our website at www.communitynationalbank.net, email us at ODP@communitynationalbank.net, complete the form below and present it at a branch or mail it to: P.O. Box 210, Seneca, KS 66538. You can revoke your authorization for Community National Bank to pay these overdrafts at any time by any of the above methods. Your revocation must include both your name and your account number so that we can properly identify your account.

_____ **I do not** want Community National Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ **I want** Community National Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____

Date: _____

Account Number: _____