

**Peoples Bank
Overdraft Privilege Program Opt Out Form**

Depositor Name: _____

Depositor Address: _____

Depositor Account Number: _____

This form is in response to your request to opt out of a service provided by Peoples Bank ("Bank"). However, you may periodically continue to receive information about this service.

By opting out of Overdraft Privilege, I understand that any and/or all of my insufficient fund transactions may be dishonored or returned to the Payee, and I agree to hold the Bank harmless, and without liability, for any Payee fees or other consequences that may result from this action. The Bank will continue to charge its insufficient funds (NSF) fee, currently \$29.50, for any transactions presented to the Bank drawn on insufficient funds. You will also be charged a recurring overdraft charge of \$2.75 each day your account remains negative after the first day.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the Bank to remove Overdraft Privilege.

I (we) have the right to have this program reinstated at any time on the condition I (we) provide the Bank with a written request to do so and meet eligibility requirements.

Depositor Signature Date Joint Account Owner Signature Date

OPT BACK IN I/We request that the aforementioned account be reinstated in the Bank's Overdraft Privilege program subject to the terms and conditions of the Overdraft Privilege Disclosure. I have been provided with a copy of the Overdraft Privilege Disclosure.			
_____	_____	_____	_____
Depositor Signature	Date	Joint Account Owner Signature	Date

Please complete this form and return it to us either by mail:

Peoples Bank
1120 South Rock Street
Sheridan, AR 72150
Or via fax:
870-942-2489