

Overdraft Practice Consent Form

After reading the *What You Need to Know about Overdrafts and Overdraft Fees*, I've indicated below my decision associated with the practice on my account for authorizing and paying overdrafts for ATM withdrawals and everyday CheckCard transactions. By signing this authorization form,

- I understand that I have already qualified and have Overdraft Privilege on my account.
- I understand that I can revoke this consent at any time by notifying the bank.
- I understand that any owner on this account may consent or revoke consent to authorize and pay overdrafts for ATM withdrawals and everyday CheckCard transaction.
- I agree to pay the bank's standard overdraft fee each time I have an overdraft.

I **DO** consent to Red River Bank authorizing and paying overdrafts on my ATM and everyday CheckCard transactions.

I **REVOKE** consent to Red River Bank for authorizing and paying overdrafts on my ATM and everyday CheckCard transactions.

Printed Name:

Signature **X**

Account Number:

Date

Deliver this form to one of our banking locations or mail it to
Red River Bank
Attn: Deposit Operations
P. O. Box 12550
Alexandria LA 71315-2550

www.redriverbank.net

318-561-5800 (Central Louisiana) or 318-675-2900 (Northwest Louisiana)