RangeBank

Opt In/Out Form for Debit/ATM Cards

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 two different ways:

1. We have standard overdraft practices (Bounce Protection) that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, money market or line of credit (must credit qualify) which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

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 do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):
• 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 Range Bank pays my overdraft?

Under our standard overdraft practices:
• We will charge you a fee of up to $35 each time we pay an overdraft item with a daily maximum of $175.00
• Also, if your account is overdrawn for 5 or more consecutive business days, we will charge an additional $5 per day

What if I want Range 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 us at 906-475-4151 or visit a Range Bank branch.

Action Required: Please indicate your overdraft coverage preference below by checking the box.

Account Number	Yes, I would like to opt-in to overdraft coverage	No, I would like to opt-out of overdraft coverage
	☐	☐
	☐	☐
	☐	☐

Customer Signature _____ **Date** _____

Printed Name _____ **Time** _____

☐ **Phone Request – Employee Taking Request** _____