

CONSUMER ACCOUNT SERVICE APPLICATION

I'd like to apply for the following:

ATM Card Debit/Check Card _____

Number of Cards Requested _____

Name(s) of Person(s) to issue cards to:

Name: (1) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Name: (2) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Name: (3) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Name: (4) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Name: (5) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Additional Terms: There will be a thirty day waiting period on new accounts before a debit card will be issued. Once your debit card limit has been lowered due to overdrafts, the account holder is required to contact the bank to reapply limits. The fee for this service is \$10.00.

Daily ATM limits \$300.00

Daily Point-of-sale limits \$500.00

	Home Phone	Cell Phone	Work Phone
Card 1	_____	_____	_____
Card 2	_____	_____	_____
Card 3	_____	_____	_____

Savings #: _____

Checking #: _____

Acct. Title and Address: _____

For Institution Use

Approved Declined

By _____

Date _____

Additional Information _____

Signatures: By signing below, the undersigned request(s) the described service(s) and agree(s) to the terms and conditions governing the service(s), including any fees and charges. The undersigned agree(s) that all information is accurate and authorize(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms of the following:

Electronic Funds Transfer _____

Signature _____ Date _____ ID# _____

Signature _____ Date _____ ID# _____

Signature _____ Date _____ ID# _____

Signature _____ Date _____ ID# _____

Signature _____ Date _____ ID# _____

Debit Card Transaction Overdraft Fee Opt-In / Opt-Out Form

> 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 that come with your account.
2. We also offer automatic account transfer, such as a link to a savings account, which may be less expensive than our standard Overdraft practices. Ask us, to learn more about this plan.

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 on a case-by-case basis:

- 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 debit card transaction will be declined.

> What fees will I be charged if Peoples Bank of Moniteau County pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$15 for each item that overdraws your account.
- There is no limit on the total fees we can charge you for overdrawing your account.

> What if I want Peoples Bank of Moniteau County to authorize and pay overdrafts on my ATM and everyday debit card transactions?

Please complete the section below and present the form at either location (Jamestown or California) or mail it in the postage paid envelope provided to:

Peoples Bank of Moniteau County
P.O. Box 218
Jamestown, MO 65046

_____ Opt-Out - I do not want Peoples Bank of Moniteau County to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ Opt-In - I want Peoples Bank of Moniteau County to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____ Account Number(s): _____

Customer Signature: _____ Date: _____