

EXPLANATION OF BOUNCE PROTECTION PROGRAM (OVERDRAFT PROTECTION)

Your Right to Request Bounce Protection

Our Bounce Protection Program is a product that transfers money to your checking account when it is overdrawn. See below for more information, including how to contact us if you would like Bounce Protection to cover your ATM & debit card transactions.

We will not pay your overdrafts for ATM withdrawals & debit card purchases you make unless you tell us you want Bounce Protection for these transactions. Even if you don't request Bounce Protection for ATM withdrawals and debit card purchases, we may still pay your overdrafts for other types of transactions, including checks.

Having Bounce Protection does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below.

Overdraft Fees

- We will charge you a fee of \$30 each time we pay an overdraft / insufficient item.
- If your account is overdrawn for seven consecutive days, we will charge you a reoccurring overdraft finance charge of \$30 beginning on the seventh day and continuing every seventh day until the account balance is made positive.
- There is no limit on the daily fees we can charge you for overdrawing your account.

Other Ways We Can Cover Your Overdrafts

We do offer other ways of covering your overdrafts, such as linking your account to another account with us. For more information on either of these options, please contact us, or visit our website at www.amnat.com.

How to Opt In to the Bounce Protection Program or Get More Information

To request Bounce Protection, to revoke coverage, or for information about other alternatives we offer for covering overdrafts, please:

- Contact us at (940) 397-2300
- Contact us at www.amnat.com/bounce-protection
- Complete the form below and mail it to:

American National Bank & Trust
c/o Customer Service Department
2732 Midwestern Parkway
Wichita Falls, TX 76308

 I would like to opt IN to the Bounce Protection Program which provides overdraft coverage for my ATM withdrawals and debit card purchases.

I would like to opt OUT of the Bounce Protection Program

Printed Name: _____

Date: _____ Account Number: _____

Signature: _____