



## Simple Banking Packet

**4 STEPS**

# to Financial Independence

# #1

## Get Your Identification

### Required ID for Opening ANY Account

#### Two (2) Forms of I.D. Obtained: (one must have a photo)

- Social Security Card
  - Current Texas Driver's License / I.D. Card (**cannot be expired**)
- OR
- Current Utility Bill (**within the last 2 months**)
  - Military ID **AND** ID to verify address **AND** ID to verify Date of Birth
  - Current U.S. Passport or Alien Registration Card **AND** one of the following:
    - College photo ID card
    - Major credit card (verify the current status)
  - Employer ID card
  - Out-of-state driver's license (cannot be expired)

#### Other Notes:

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# #2 Pick Your Account

## Consumer Accounts

### 1<sup>st</sup> Checking

- Unlimited check writing
- ATM/Debit Card (upon approval)
- Check images with monthly statement
- \$20 fee if balance is less than \$100

### 1<sup>st</sup> Convenience Checking

- Unlimited Check Writing
- ATM/Debit Card (upon approval)
- Check images not included in monthly statement
- No Monthly Service Charge
- \$50.00 Minimum Opening Balance

## Interest Bearing Accounts

### 1<sup>st</sup> Savings

- Minimum of \$50 to open
- Interest compounded daily
- Interest credited into account monthly
- Monthly statements
- Preauthorized transfers limited to 6 per month
- Service charge of \$1 per withdrawal charged in excess of two per month
- \$7.50 fee if balance is less than \$50
- May make unlimited deposits to account
- \$15 fee if account is closed within six months of opening

ATM/Debit cards not offered with this account

### First Money Market

- Interest Paid Monthly \*
- Check images with monthly statement
- Six debit transactions per month (limit of 6 by check, draft or telephone transfer)
- \$15 fee if daily balance is less than \$2,500
- \$2,500 Minimum Opening Balance
- \$15 service charge if closed within 6 months

\* Interest forfeited if account is closed before statement cycle. Variable rate, subject to change.

### 1<sup>st</sup> Certificate of Deposit

- Fixed Rates
- No Minimum to Open
- A Variety of Terms Available
- Interest Payable - to CD, Deposited to Checking or by Check
- Automatic Renewal CD's - CD Automatically Renews with same terms at maturity - Interest Rate and Annual Percentage Yield changes to Rate and Yield as of Maturity Date
- Non-Renewable CD's - CD must be turned into Bank to be reworked

CD's Redeemed Before Maturity Subject to Penalty According to CD Term

### Special Accounts:

- Not for Profit
- Estate
- Minor with Adult

### Safe Deposit Box:

- Personal
- Business

# #3

## Complete the Account Application

### NEW ACCOUNT APPLICATION

First State Bank is required by Federal law to obtain sufficient information to verify your identity. First State Bank will ask you several questions and require at least 2 forms of identification. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

#### Main Account Holder

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # and State: \_\_\_\_\_ DL Issued Date: \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (**Required**): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment: \_\_\_\_\_ Job Title/Retired Job Title: \_\_\_\_\_

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**\*\* IF not at current address for three years, include previous address \*\***

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Continued)

First State Bank is required by Federal law to obtain sufficient information to verify your identity. First State Bank will ask you several questions and require at least 2 forms of identification. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**Second Account Holder – example: Spouse, Child, Partner...**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # and State: \_\_\_\_\_ DL Issued Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title/Retired Job Title: \_\_\_\_\_

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**\*\* IF not at current address for three years, include previous address \*\***

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Continued)

**Number of Signatures Required on Account:** \_\_\_\_\_

**DEFINITION OF ACCOUNTS**

**UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE**

- The type of account you select may determine how property passes on your death.
- Your Will may not control the type of funds held in some of the following accounts.
- You may choose to designate a convenience signer(s) on any account.
  - A convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime.
  - The convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary.

**STEP 2**  
Initial the **ONE**  
account type  
selected.

**Select ONE of the following accounts  
by placing your initials next to the account selected.  
Anyone at First State Bank can assist with this form.**

**STEP 1**  
Initial **EACH** account  
type indicating you've  
read each paragraph.

**SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH)**

The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy.

Enter the name of the party: \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_  
\_\_\_\_\_

**SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH)**

The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate.

Enter the name of the party: \_\_\_\_\_

Enter the name or names of the P.O.D. beneficiaries:

\_\_\_\_\_  
\_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_  
\_\_\_\_\_

**MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP**

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy.

Enter the names of the parties: \_\_\_\_\_

\_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_

\_\_\_\_\_

**MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP**

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties.

Enter the names of the parties: \_\_\_\_\_

\_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_

\_\_\_\_\_

**MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH)**

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries.

Enter the names of the parties: \_\_\_\_\_

\_\_\_\_\_

Enter the name or names of the P.O.D. beneficiaries:

\_\_\_\_\_

\_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_

\_\_\_\_\_

**CONVENIENCE ACCOUNT**

The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account.

Enter the names of the parties:

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Enter the name(s) of the convenience signer(s):

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**TRUST ACCOUNT**

The parties named as trustees to the account own the account in proportion to the parties' net contributions to the account. A trustee may withdraw funds from the account. A beneficiary may not withdraw funds from the account before all trustees are deceased. On the death of the last surviving trustee, the ownership of the account passes to the beneficiary. The trust account is not a part of a trustee's estate and does not pass under the trustee's will or by intestacy, unless the trustee survives all of the beneficiaries and all other trustees.

Enter the name or names of the trustees: \_\_\_\_\_

Enter the name or names of the beneficiaries: \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

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## Acknowledgment

- *I/we acknowledge that I/we have read each paragraph of this Notice*
- *Completed Step 1 before Step 2*
- *Placed my initials to the left of the account I/we want.*

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Customer Signature  
Date

---

Customer Printed Name

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Customer Signature  
Date

---

Customer Printed Name

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Customer Signature  
Date

---

Customer Printed Name

---

Customer Signature  
Date

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Customer Printed Name

#4

# Complete the Debit Card Application

## ATM/Debit Card Application

Primary Account Number: \_\_\_\_\_ (Checking Account Number)  
\*Secondary Account Number: \_\_\_\_\_ (If you have two checking accounts.)  
Primary Accountholder (Name): \_\_\_\_\_  
Business (Name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Signature: \_\_\_\_\_

If this is a joint account (husband, wife, parent, child, etc.), and you want a card issued in the joint account owner's name, please complete the following:

Secondary Accountholder (Name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Signature: \_\_\_\_\_

\*Please ask a bank employee to clarify any questions you have concerning the capabilities of this product in regards to the second checking account.

## Overdrafts and Overdraft Fees

An **OVERDRAFT** occurs when you do not have enough money in your account to cover a transaction, but the bank pays it anyway.

We can cover your overdrafts by offering ① **Pre-approved Standard Overdraft Protection** or ② **ATM and Debit Card Overdraft Protection**.

### ① Pre-approved Standard Overdraft Protection

- Your account is reviewed after the account has been open and in good standing for **30 days**.
- Pre-approved Standard Overdraft Protection is placed on your account after it's **approved** by a bank officer.
- The approval and overdraft limit will be disclosed by letter when the account is approved.
- **Pre-approved Standard Overdraft does not cover ATM or everyday debit card transactions.**
- First State Bank pays overdrafts at our discretion. We do not guarantee we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft your transaction will be declined.

### ② ATM and Debit Card Overdraft Protection

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and bring it to First State Bank or mail it to: First State Bank, P.O. Box 150, Abernathy, TX 79311; or email the following information to [ecourier@fsbabernathy.com](mailto:ecourier@fsbabernathy.com). If you have any questions please call 806-298-2556.

#### What fees will I be charged for Overdrafts?

- We will charge you a fee of **\$30** (per item) each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

**You can Opt In on overdraft coverage at any time by contacting us by phone, in person, or in writing.**

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\_\_\_\_ **YES,** I want First State Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

\_\_\_\_ **NO,** I do not want First State Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ (Effective Date: August 15, 2010)

## Business Account

Business Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporation: **Need Articles of Incorporation & Corporate Resolution**

Partnership: **Need Partnership Agreement**

Limited Liability Company: **Need Certificate of Formation & Existence, Operating**

### Agreement & Organization Resolution

Sole Proprietorship:

Assumed Named Certificate (If first name is in business name): \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_ Exp. \_\_\_\_\_

### Other Accounts at First State Bank of Abernathy

Loan: \_\_\_\_\_

Checking / Savings: \_\_\_\_\_

Any other type of relationship: \_\_\_\_\_ (Continued)

## BUSINESS ACCOUNT CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

A. Name and Title of Natural Person Opening Account:

\_\_\_\_\_

B. Name and Address of Legal Entity for which the account is being opened:

\_\_\_\_\_

**Beneficial Owners**

C. Complete the following information for each individual, if any, who, directly or indirectly, through any contract, agreement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check the box below.

Not Applicable

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons Social Security Number	For Foreign Persons Passport & Country of Issuance or similar ID**
1.					
2.					
3.					
4.					

**Account Manager:**

- D. Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, general Partner, President, Vice President, Treasurer); or
  - Any other individual who regularly performs similar functions.

If appropriate, an individual listed under the section C. Beneficial Owners, above may also be listed in this section D. Account Manager.

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons Social Security Number	For Foreign Persons Passport & Country of Issuance or similar ID**
1.					

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*In lieu of a passport number, foreign persons may also provide alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

## Other Bank Services

- Online Banking
- Mobile Banking
- Automatic Teller Machine (ATM)
- Safe Deposit Boxes
- Night Depository
- Direct Deposit
- Wire Transfers
- Notary Service
- Online Bill Pay
- Cashier's Checks
- Automatic Loan Payments
- Fax & Copy Service
- Bank By Mail
- Collections
- Research Service

## LOAN SERVICES

### Agricultural Loans

Loans For all Your Farming or Ranching Needs

- Operating Lines of Credit
- Equipment
- Real Estate
- Livestock

### Personal Loans

Loans to Meet Your Personal Needs

- Automobiles
- Boats
- ATV
- Campers
- Equipment
- Personal Lines of Credit
- And Many More

### Commercial Loans

We Offer Business Loans to Fit Your Needs

- Construction
- Equipment
- Real Estate
- And Many More

### First State Bank offers:

- Competitive Rates
- Fast Approval
- Flexible Terms and Repayment Plans
- Credit Life Insurance
- Automatic Loan payment from your Checking Account



**Complete the Loan Application** ↓

**AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT**

**Give this form to your employer.**

**Company Name:** \_\_\_\_\_

I authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct erroneous credit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

**Depository**

**First State Bank  
Abernathy Texas 79311  
806-298-2556**

**Routing # 111309030**

**Account #:** \_\_\_\_\_  **Checking**       **Savings**

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Government Payment Enrollment Form

Name (Beneficiary): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Account Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Type of Benefit: \_\_\_\_\_

Generally, to receive the next month's payment by Direct Deposit, process by:

Choose from the following list::

Social Security	20th
Supplemental Retirement / Annuity	20th
Railroad Retirement / Annuity	15th
Railroad Unemployment / Sickness	Anytime
Veterans Compensation and / or Pension	3rd
Civil Service Retirement / Annuity	15th
Civil Service Survivor / Annuity	15th

If enrollement is for a Representative Payee, enter name here:

\_\_\_\_\_

Example I: John Doe on behalf of Mary Smith, Enter John Doe

Example II: ABC Nursing Home for Joe Garcia, Enter ABC Nursing Home

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Employee: \_\_\_\_\_



**FACTS:** What does First State Bank do with your personal information?

**WHY?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**WHAT?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and transaction or payment history
- Credit history and credit score

When you are *no longer* our customer, we continue to share your information as described in this notice.

**HOW?** All financial companies need to share customer's personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer's personal information; the reasons FIRST STATE BANK chooses to share; and whether you can limit this sharing.

<b>Reasons we can share your personal information:</b>	<b>Does First State Bank Share?</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes</b> - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> - to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	No
<b>For our affiliates everyday business purposes</b> - information about your transactions and experiences	Yes	No
<b>For our affiliates everyday business purposes</b> - information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For nonaffiliated to market to you</b>	No	We don't share

**Questions:** Call 806-298-2556 or go to [www.fsbabernathy.com](http://www.fsbabernathy.com)

**Who we are:**

Who is providing this notice?	First State Bank
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**What we do:**

How does FIRST STATE BANK protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does FIRST STATE BANK collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• open an account or apply for a loan</li> <li>• pay your bills or use your debit card</li> <li>• give instructions to make a wire transfer</li> </ul> <p>We also collect your personal information from others, such as credit bureaus.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes - information about your creditworthiness <input type="checkbox"/></li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliated to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>

**Definitions**

<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies <ul style="list-style-type: none"> <li>• We do not have an affiliate</li> </ul>
<b>Nonaffiliated</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. First State Bank does not share with non-affiliates so they can market with you.
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>• We do not share</li> </ul>

**CONSUMER COMPLAINT PROCEDURE**

**FIRST STATE BANK** chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any consumer wishing to file a complaint against **FIRST STATE BANK** should contact the Texas Department of Banking through one of the means indicated below:

In Person or U.S. Mail:  
 2601 North Lamar Boulevard,  
 Suite 300, Austin, Texas 78705-4294  
 Telephone No: (877) 276-5554 Fax No: (512) 475-1313  
 E-mail: [consumer.complaints@dob.texas.gov](mailto:consumer.complaints@dob.texas.gov)  
 Website: [www.dob.texas.gov](http://www.dob.texas.gov)

The Federal Trade Commission  
 600 Pennsylvania Ave NW Washington, DC 20580  
 Telephone: (202)326-2222

**We welcome your questions and comments regarding this information. You may contact us as follows:**

## Overdraft Customer Disclosure Statement

First State Bank's normal practice in handling overdrafts (OD).

### Pre-approved Standard Overdraft Protection

- Your account is reviewed after the account has been open and in good standing for **30 days**.
- Pre-approved Standard Overdraft Protection is placed on your account after it's **approved** by a bank officer.
- The approval and overdraft limit will be disclosed by letter when the account is approved.
- **Pre-approved Standard Overdraft does not cover ATM or everyday debit card transactions.**
- First State Bank pays overdrafts at our discretion. We do not guarantee we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft your transaction will be declined.

### Definitions

- **Overdrawn:** When authorized debits to your account are greater than the funds available to pay the items.
- **Non-Sufficient Funds:** When an authorized debit results in an overdrawn account, it is considered to have non-sufficient funds (NSF).
- **Authorized Debits:** Includes checks, electronic payments, withdrawal requests, and payments such as Automated Clearing House (ACH) items, return of unpaid items deposited by you, bank service charges including account maintenance charges, paid or returned item fees or other service charges.
  - We post authorized debits to your account in the following order:
    1. Electronic items (Debit cards/ATM/ACH) – smallest to largest.
    2. Checks payable to customers of First State Bank – check number order.
    3. Checks payable to customers of other financial institutions – check number order.
- **Ledger Balance** is your beginning of the day balance.
- **Available Balance** is your beginning of the day balance plus or minus any of today's Credits or Today's Debits.

*Example, your ledger balance is \$200. Today's credits total \$35 (you deposited \$35 cash at your local Branch), and Today's Debits total \$10 (you withdrew \$10 at an ATM). Your available balance would be \$225.*

### Fees

- The current NSF Paid/Returned item fee is \$30.00.
- Fees charged for covering overdrafts, plus the amount of the overdraft item, will be subtracted from any overdraft protection limit. The bank has no obligation to pay any debit you authorized if there are not funds available in your account to pay the item.
- The Bank will not charge NSF paid item fees for OD items in excess of five (5) per day, resulting in a maximum fee amount of \$150 per day. NSF return item fees will be charged with no daily limit.
- The Bank will not charge an NSF paid item fee for any individual transaction amount of \$5.00 or less.
- We will notify you by mail when an NSF item is presented and tell you if we paid or returned the item(s). The amount of any overdraft including all service charges is immediately due and payable.
- We will not approve payment of additional NSF items if your account has been overdrawn for 35 days or more.
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For consumer and small business (dba) account holders, our practice is to pay non-sufficient fund (NSF) checks up to your pre-approved overdraft limit. We have no obligation to do so and we may change this practice and/or the preapproved overdraft limit on your account at any time – even if we have previously paid items into the overdraft for you.

**First State Bank is available to discuss other alternatives to the Bank's Overdraft Protection Programs. You are encouraged to visit with our friendly staff about our Overdraft Protection Program. You may opt-out of the Overdraft Protection Program at any time by contacting us.**