

FAYETTEVILLE BANK

OVERDRAFT PRIVILEGE OPT OUT FORM

I wish to Opt Out of or Not Participate in the Overdraft Privilege Program.

Account Number: _____

Signature

Date

Please complete this form and return to the bank in person or by mail to the following:

Fayetteville Bank
Attn: Bookkeeping
PO Box 9
Fayetteville, TX 78940