

Overview

For a variety of personal reasons, some account holders may not want to participate in the Courtesy Coverage program. They have the right at any time to opt-out.

It is important that our Employees explain to account holders the benefits of remaining in the program (i.e., there is no cost to participate, and this may save them the cost and inconvenience of returned items). If, after the explanation, the account holder still prefers to opt-out, that option should be made available immediately.

The Bank will accept a written authorization to opt-out of the privilege. Only one signature on a joint account is required (subject to type of ownership and state regulatory requirements) for opt-out to occur. If an employee receives a verbal request to opt-out of the program the CSR should complete the verbal request section, mail the Opt-out Form to the customer to sign and return to the bank. A copy of the Opt-out Form is attached and can be found on The Hub/Retail/User Guides/Courtesy Coverage Folder.

If an account holder decides that he/she wants the privilege back, the account must meet the “account in good standing” criteria to be re-activated. There is no requirement to have the account holder sign to re-activate the privilege, since the program is a discretionary, non-contractual service. However, a “Request to Rescind Opt-Out” section is available on the original Opt-Out Form.

Steps

- 1) If a customer wishes to Opt-Out of the Program or RESCIND a previous Opt-out (opt back in), obtain the Request to Opt-out form from the HUB, located in the Retail section/User Guides/Courtesy Coverage Folder.
 - 2) If the customer wishes to rescind a previous Opt-out request complete the “What You Need to Know about Overdrafts and Overdraft Fees” form (A-9).
 - 3) Complete the form with the customer and have the customer sign.
 - 4) Complete the Courtesy Coverage Opt-Out/Opt-In Event in Synapsys, scan and attach the document to the event, and send the event to Deposit Operations.
 - 5) The original Opt-Out/Opt-In form will be sent to Deposit Operations for retention and archival.
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Request to Opt-Out of the Courtesy Coverage Program

ACCOUNT HOLDER IS PRESENT

I/We, the undersigned, as an account holder(s) of Brattleboro Savings & Loan account number _____, do not wish to have the Courtesy Coverage limit applied to this account. I/We understand that in signing this waiver, Brattleboro Savings & Loan will not provide Courtesy Coverage, as disclosed to us, for this account. I/We further understand that in order to have Brattleboro Savings & Loan apply the Courtesy Coverage limit to this account in the future, the account must be in good standing at the time I/we request Brattleboro Savings & Loan to do so.

Date: _____ Depositor(s) Signature: _____

Employee: _____

TELEPHONE REQUESTS

Date Requested: _____ Time of Request: _____

Identity of Account Holder Calling: _____

Method of Identification: ___ SSN ___ Mother's Maiden Name ___ DOB ___ Last Deposit

Employee accepting telephone request to opt-out of program: _____

Request to Rescind Courtesy Coverage Opt-Out

I/We, the undersigned, as an account holder(s) of Brattleboro Savings & Loan account number _____, rescind my/our previous request to opt-out of the Courtesy Coverage program. I/We also agree to review and complete the "What You Need to Know about Overdrafts and Overdraft Fees" form (A-9).

Date: _____ Depositor(s) Signature (if present): _____

Employee: _____

For Financial Institution Use Only:

Date of Change on System: _____

Time of Change on System: _____

Employee Keying Change: _____

If this is a request to rescind Courtesy Coverage Opt-Out:

Account in Good Standing: YES NO

Account Type: _____ Limit is correct for product: _____