



**Excess Overdraft Occasion  
Financial Education Awareness  
Customer Acknowledgement Form**

I, the undersigned, do hereby acknowledge that I have completed the financial education awareness video and/or reviewed the hard copy format of the video, and that I understand my options and the alternatives available to me for protection against incidental overdrafts. I further acknowledge the following:

(Check Only One)

- I want to continue to utilize my Bounce Protection privilege. I understand that Bounce Protection is not a credit product and is not to be used as a loan or line of credit, but is rather for incidental overdrafts. Please do not contact me about excess usage in the future.
  
- I want to continue to utilize my Bounce Protection privilege. I understand that Bounce Protection is not a credit product and is not to be used as a loan or line of credit, but is rather for incidental overdrafts. Please continue to contact me about excess usage as it occurs.
  
- I do not want to continue to have Bounce Protection. Please revoke this privilege from my account.

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

Printed Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Print Name

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**For Internal Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_

