Bank of American Fork

BIG CITY BANKING ~ SMALL TOWN SERVICE™

Bounce Protection Opt-Out Form
For Business Accounts

I, the undersigned, on behalf of the business named herein, owner of Bank of American Fork checking **account number** _____ ("the Account"), make the following election to either partially or fully opt-out of the Bank's Bounce Protection service with respect to the Account. In order for me to revoke this election later, the Account must be in good standing at the time of the request to do so.

Check one: ☐ Partial Opt Out (ATM & POS will not be covered) ☐ Full Opt Out (No debits will be covered)

Business Name: _____ Date: _____

Authorized Signer's Signature: _____

For Telephone Requests:

Business Name: _____ Date: _____

Authorized Signer's Name: _____

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

For Bank Use Only:

Date of Change on System: _____ Time of Change on System: _____

Employee Keying Change: _____

Revocation of Opt Out:

I, the undersigned, on behalf of the business named herein, owner of the Account, do hereby revoke my previous request to either opt out or partially opt out of the Bounce Protection program and I request to reenter that program.

Authorized Signer's Signature: _____ Date: _____

For Bank Use Only:

Date of Change on System: _____ Time of Change on System: _____

Employee Keying Change: _____