

On this date, \_\_\_\_\_, I/we, the undersigned, as the account holder(s) of Desert Community Bank, account number \_\_\_\_\_ do not wish to have Bounce Protection applied to this account. I/We understand by signing this waiver, the Bank will not provide overdraft privilege protection to this account, as separately disclosed to us.

I/We understand in order to have Bounce Protection in the future, I/we would have to request this service be added and that this account must be in good standing at the time of the request.

**ACCOUNT INFORMATION**

Primary Account Holder Name (Print/Type): \_\_\_\_\_

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

Additional Account Holder Name (Print/Type): \_\_\_\_\_

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

Additional Account Holder Name (Print/Type): \_\_\_\_\_

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

Additional Account Holder Name (Print/Type): \_\_\_\_\_

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

Additional Account Holder Name (Print/Type): \_\_\_\_\_

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

**IMPORTANT INFORMATION**

**Once complete and signed, please mail or fax to:**

**Mail:** Desert Community Bank | Collections Department | Mail Stop S-140-3 | 301 W. Michigan Avenue | Jackson, MI 49201 **Fax:** (888) 830-6003