

# CONSUMER ACCOUNT SERVICE APPLICATION

**I'd like to apply for the following:**

ATM Card    Debit/Check Card    \_\_\_\_\_

Number of Cards Requested 1 \_\_\_\_\_

Name(s) of Person(s) to issue cards to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Additional Terms:** Employer: \_\_\_\_\_

Savings #: \_\_\_\_\_

Checking #: \_\_\_\_\_

Acct. Title and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Institution Use**

Approved    Declined

By \_\_\_\_\_

Date \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## What you Need to Know about Overdrafts and Overdraft Fees

An **overdraft** occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in different ways:

- We have **standard overdraft practices** that come with your account.
- We also offer overdraft protection plans, such as a link to a line of credit, and a link to another checking or savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

### **WHAT ARE THE STANDARD OVERDRAFT PRACTICES THAT COME WITH MY ACCOUNT?**

We **do** authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We **do not** authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we **do not guarantee** that we will always authorize and pay any type of transaction.

If we **do not** authorize and pay an overdraft, your transaction will be declined.

### **WHAT FEES WILL I BE CHARGED IF Pony Express Community Bank PAYS MY OVERDRAFT?**

Under our standard overdraft practices:

- We will charge you a fee of up to **\$29.50** each time we pay an overdraft.
- There is a **limit of \$177.00** on the total fees we can charge you for overdrawing your account per day.
- A fee of \$6.00 is charged for continuous overdraft after 5 business days.

### **WHAT IF I WANT Pony Express Community Bank TO AUTHORIZE AND PAY OVERDRAFTS ON MY ATM AND EVERYDAY DEBIT CARD TRANSACTIONS?**

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions,

- Call us at 816-671-2265
- Visit [CUSTOMERSERVICE@PONYEXPR.COM](mailto:CUSTOMERSERVICE@PONYEXPR.COM)
- Complete the form below and present it at any of our locations or mail it to:  
PONY EXPRESS COMMUNITY BANK  
3702 FARAON  
ST JOSEPH, MO 64506

\_\_\_\_\_ I **DO NOT** want Pony Express Community Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

\_\_\_\_\_ I **WANT** Pony Express Community Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

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

Printed Name: \_\_\_\_\_

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

Account Number(s): \_\_\_\_\_

**WHAT IF I WANT TO REVOKE MY AUTHORIZATION WITH Pony Express Community Bank TO PAY OVERDRAFTS ON MY ATM AND EVERYDAY DEBIT CARD TRANSACTIONS?**

**To revoke your authorization at Pony Express Community Bank to pay overdrafts on your ATM and everyday debit card transactions, indicate by signing below.** Please bring this completed form to any one of our Pony Express Community Bank locations or mail it to the address provided above. Your revocation will be implemented as soon as feasibly possible once it is received.

I revoke my prior authorization made to have Pony Express Community Bank pay overdrafts on my ATM and everyday debit card transactions.

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

Printed Name: \_\_\_\_\_

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

Account Number(s): \_\_\_\_\_