

CHECKING ACCOUNT OVERDRAFT(S) "FRESH START" INSTALLMENT REPAYMENT PLAN AGREEMENT

Bank _____

DEPOSITOR 1 _____
 DEPOSITOR 2 _____
 DEPOSITOR 3 _____
 DEPOSITOR 4 _____

BRANCH: _____
 EMPLOYEE NAME: _____
(Print)

STREET ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE NUMBER _____

Consumer and Commercial Account Holders:

For value received the depositor(s) jointly and severally, if more than one, promises to pay to the order of the Bank the total of payments as shown herein in accordance with the schedule of payments as shown herein.

The Depositor(s) authorizes the Bank to debit checking account number _____ in order to pay the monthly payments. **The Depositor(s) agree to maintain sufficient collected funds in this checking account to cover ACH monthly payment on the date each payment is due.** The bank will automatically debit the account **only** for the amount of the monthly payment. The Depositor's(s)' account will remain open and the depositor(s) will be able to continue making deposits and withdrawals on this account. **However, the depositor(s) agree(s) that non-payment of any monthly payment due may cause the Depositor's(s)' checking account to be closed and the entire Repayment Plan balance to become due and payable immediately, and chargeable to the Depositor's (s)' checking account.**

The purpose of this "Fresh Start" program is to pay an overdraft in the Depositor's (s)' checking account mentioned above. The Depositor(s) agree(s) that the overdraft feature of this checking account(s) will be suspended until the amount identified above is paid in full as agreed. The Depositor(s) will be limited to one "Fresh Start" repayment plan at one time.

Annual Percentage Rate (The amount of your credit as a yearly rate.)	Finance Charge (The dollar the credit will cost you.)	Amount Financed (The amount of credit provided to you or on your behalf.)	Total Amount of Payments (The amount you will have paid when you have made all scheduled payments.)
0.00%	\$ 0.00	\$ _____	\$ _____

Your payment schedule will be:

NUMBER of Payments	AMOUNT of Each Monthly Payment	WHEN Payments are Due: Monthly, on 1 ST day. Beginning:
_____	\$ _____	Month _____ 1, Year 200 _____

- This note has a demand feature.
- I can see my contract documents for any additional information about repayment, default, right to accelerate, maturity, etc.

ITEMIZATION OF AMOUNT FINANCED. I understand _____ BANK _____ has given the following amount to me directly: \$ _____; that there are no prepaid finance charges and that this is the full AMOUNT FINANCED.

I/WE agree to the terms set out above and acknowledge receiving a copy of this document on today's date.

Date: _____ Depositor 1 Signature: _____
 Depositor 2 Signature: _____
 Depositor 3 Signature: _____
 Depositor 4 Signature: _____