

Date: _____

Bridgewater Savings Bank

Overdraft Privilege Department

756 Orchard Street

Raynham, Massachusetts 02767-1028

To Whom It May Concern:

I hereby notify Bridgewater Savings Bank **(Bank)** that I have elected to opt-out of the Bank's Overdraft Privilege Service **(the Service)**. To fulfill my election, I am providing the Bank with the following information:

FIRST, MIDDLE & LAST NAME:

CURRENT MAILING ADDRESS:

TELEPHONE NUMBER: _____

DEPOSIT ACCOUNT NUMBER: _____

By opting out of the Service, I understand that the Bank will return or pay overdraft checks written on, or debits from, my Bank checking account in the manner described more fully in the Bank's Deposit Account Agreement, a copy of which I received when I opened my Bank checking account. I also understand that I may continue to receive periodic information about the Service.

SIGNATURE: _____