



On this date, / / , I/we, the undersigned, as the account holder(s) of Flagstar Bank, F.S.B. ("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

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: Flagstar Bank | Attn: Collections Department | 301 W. Michigan Avenue | Jackson, MI 49201 **Fax:** (888) 830-6003