



Please let us know your preferences related to overdraft notifications and your participation in the Bounce Proof Security Program

First Name

Last Name

SSN

Notice Preference:

Continue to mail reminders about frequent overdraft usage

Do not continue to mail reminders about frequent overdraft usage

Enrollment Preference

I want to continue my enrollment in Bounce Proof Protection

I do not want to continue my enrollment in Bounce Proof Protection

Applicable Accounts

Apply to all of my accounts

Apply to the accounts listed below:

Signature:

Date

Completed forms may be taken to any
Bank OZK branch or mailed to:

Bank OZK
Retail Operations Support
P.O. Box 196
Ozark, AR 72949

Date: _____ Branch: _____ Employee: _____