

COVID-19 Overdraft Protection

OVERDRAFT PROTECTION

- * Deposits, in \$50 increments, will be added from your Covid-19 ODL account to your checking account to cover any overdrafts (up to your credit limit).
- * No per advance fee AND no overdraft fee.
- * You pay zero interest on the funds.

PERSONAL LINE OF CREDIT

- * Simply write a check or use your debit card for purchases and allow your Covid-19 ODL account to cover it for you.
OR

Call and a set amount can be advanced from your Covid-19 ODL account to be added to your checking account.

- * No need to re-apply for future advances.
- * After 3 months of draws to cover overdrafts the balance will be divided by 12 and that will be your monthly payment-no interest added.



Farmers State Bank
Member FDIC 

11 South Main St.
P. O. Box 801
W. Salem, OH
44287
(419) 853-4631

2017 S. Baney Road
Ashland, OH
44805
(419) 281-2554

1690 E. Main St.
Ashland, OH
44805
(419)281-7110

10 N Main St
Marshallville, OH
44645
(330) 855-8234

205 N Main St
Rittman, OH
44270
(330) 925-4617

235 W Liberty St.
Wooster, OH
44691
(330) 262-1177

Covid-19 Zero Interest ODL

I am applying for: _____ (Line requested)

Individual account Joint account **ACCT. NUMBER** _____

Applicant

Name(First)	(Middle)	(Last)	Social Security Number		
Home Address (Number and Street)		Date of Birth	# of Dependents		
City	State	Zip Code	Year There		
Residence	Mortgage/Rent Payment		Home Phone Number		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents	\$ _____ per month				
Previous Address	City	State	Zip Code	Years There	
Employer	Position	Business Phone Number	Years There	Gross Income*	Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
Checking Account Institution	Checking Account Number	Savings Account Institution	Savings Account Number		
Name of nearest relative not living with you	Address	City	State	Relationship	

Joint Applicant or Other Person

If this is an application for a joint account, please provide the following information about the joint applicant. If this is an application for an Individual account but you are relying on income from alimony, child support or separate maintenance payments or on the income or assets of another person as basis for repayment of the credit requested, please provide the following information about such other person.

Name(First)	(Middle)	(Last)	Social Security Number		
Home Address (Number and Street)		Date of Birth	# of Dependents		
City	State	Zip Code	Year There		
Residence	Mortgage/Rent Payment		Home Phone Number		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents	\$ _____ per month				
Previous Address	City	State	Zip Code	Years There	
Employer	Position	Business Phone Number	Years There	Gross Income*	Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
Checking Account Institution	Checking Account Number	Savings Account Institution	Savings Account Number		

Other Income

*Income from alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Applicant's Other Income

\$ _____

Week
Month
Year

Joint Applicant's or Other Person's Other Income

\$ _____

Week
Month
Year

Indebtedness

Provide the following information about applicant, joint applicant, or other person, if any.

Credit References and Outstanding Obligations (include charge accounts, installment contracts, mortgage loans and charge cards).

Give complete list of all amounts owed. (Use additional sheet if necessary.)

Name of Creditor	Address	Name(s) in which Account is Carried	Account #	Mo. Pmt. Amount	Balance Due

I have answered the questions in this application fully and truthfully. You may obtain a credit report, check my credit and employment record, and report your credit experience with me to others. I understand that you have no obligation to extend credit to me until you approve this application and link my ODL account to my checking account.

Applicant's Signature

Date

Joint Applicant's Signature

Date

Covid-19 ODL AGREEMENT AND DISCLOSURE STATEMENT

This agreement states the terms of your Covid-19 ODL account with us. "You" and "your" mean each person who is named in our records as obligated on the Covid-19 ODL account. Each of you is responsible both individually and jointly on this account (known as "joint and several" responsibility). "We", "us", and "our" mean Farmers State Bank, West Salem, OH. "Checking Account" means the qualifying checking account, as determined by us, linked to your Covid-19 ODL account.

Covid-19 ODL PROTECTION

We will create a Covid-19 ODL for you in the form of a revolving line of credit. We will automatically loan you from your ODL the amount necessary, in \$50 increments, to cover any overdraft on the Checking Account. An overdraft occurs when any withdrawal or transfer from the Checking Account exceeds the balance in the Checking Account at the time the withdrawal or transfer is presented for payment.

CREDIT LIMIT

The amount of your credit limit for Covid-19 ODL will be shown on your monthly statement. You agree not to let the amount you owe us go over your credit limit. We do not have to loan you additional amounts from your Covid-19 ODL if it would cause the amount you owe us to go over your credit limit, but if we do, you will still have to pay us.

We reserve the right to increase or decrease your credit limit from time to time without prior notice to you.

PROMISE TO PAY

You promise to pay for loans when due, whether incurred by you or by any other person authorized by you, even if that person exceeds your authority.

NO FINANCE CHARGE

There will be no FINANCE CHARGE on your Covid-19 ODL loan for the life of the loan.

STATEMENTS

Each month we will send a statement to you unless Covid-19 ODL as been inactive and you don't owe us any money and we don't owe you any money. You agree to notify us promptly if you change your address or if you believe there are any errors or unauthorized transactions on your statement.

METHOD OF PAYMENT AND MINIMUM PAYMENT

After a draw period of three months, monthly payments will be required. At that time no more overdrafts will be covered. The payments will be calculated based on the balance after three months, divided by twelve. That amount will be due monthly after that until paid in full or in twelve months. You may pay more than your minimum payment or pay us in full at any time.

UNSECURED CREDIT

Your Covid-19 ODL account is unsecured and we agree that any security interest which secures any other present or future loan from us does not secure this account.

DEFAULT

Without further action by or notice from us, we may require immediate payment of the full unpaid balance of your account (this is our "acceleration" right), we may cancel your Covid-19 ODL account and we may cancel or suspend your credit limit if:

1. You fail to make any minimum payment which is due, exceed your credit limit, or break any of the terms of this agreement or any other agreement you may have with us;
2. You give us false information about yourself or your credit worthiness;
3. We have reason to believe you will not be able to repay us;
4. You become subject to Title 22 of the United States Code (Bankruptcy Code);
5. The Checking Account is closed or cancelled; or
6. Any of you die.

OUR OTHER RIGHTS

We can delay or waive any of our rights without losing them or diminishing their effect. You authorized us to obtain credit reports on you and to check your credit and employment from time to time.

COST OF COLLECTION AND ATTORNEYS' FEES – You agree to pay us all reasonable costs we incur to collect this debt or realize on any security. This includes, unless prohibited by law, reasonable attorneys' fees. This provision also shall apply if you file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or other claim for relief is filed against you by another.

SET-OFF – You agree that we may set off any amount due and payable under this note against any right you have to receive money from us.

"Right to receive money from us" means:

- (a) Any deposit account balance you have with us;
- (b) Any money owed to you on an item presented to us or in our possession for collection or exchange; and
- (c) Any repurchase agreement or other non-deposit obligation.

"Any amount due and payable under this note" means the total amount of which we are entitled to demand payment under the terms of this note at the time we set off. This total includes any balance the due date for which we properly accelerate under this note.

If your right to receive money from us is also owned by someone who has not agreed to pay this note, our right of set-off will apply to your interest in the obligation and to any other amounts you could withdraw on your sole request or endorsement. Our right of set-off does not apply to an account or other obligation where your rights arise only in a representative capacity. It also does not apply to any Individual Retirement Account or other tax-deferred retirement account.

We will not be liable for the dishonor of any check when the dishonor occurs because we set off this debt against any of your accounts. You agree to hold us harmless from any such claims arising as a result of our exercise of our right of set-off.

CANCELLATION

Except when specific written notice is required by law, we can cancel your Covid-19 ODL account at any time in person, by phone or written notice sent to you at the address where we mail your statement. You can cancel your Covid-19 ODL account by notifying us in writing. Cancellations will be effective when we receive your written notice. If there is more than one of you on this account, any one of you may cancel, and we are not required to notify the others. If your Covid-19 ODL account is cancelled by you or by us, you will have to pay us the full unpaid balance of your account, including amounts which have not been billed to you at the time of cancellation. In the event of cancellation of your Covid-19 ODL account by you or by us, our rights under this agreement will remain in effect with respect to any unpaid balance. You agree not to initiate any Covid-19 ODL transactions of any time after the effective date of the cancellation of your Covid-19 ODL account. We have no obligation under this agreement to loan you any amount necessary to cover any overdraft after the cancellation of your Covid-19 ODL account by you or by us, but if we do so, you will still have to pay us to the extent of the amount loaned, and you will be liable for other charges.

CHANGE IN TERMS

We can change the terms of this agreement at any time. If notice of any change is required by law, you agree that posting notice in our offices is sufficient notice unless the law requires us to give you any additional notice. You agree that changes will apply to loans made prior to any change as well as to loans made after any change.

LAW THAT APPLIES

Your Covid-19 ODL account is subject to Ohio and Federal law. If the law makes part of this agreement void, the other terms will still be enforceable.

YOUR BILLING RIGHTS

KEEP THIS NOTICE FOR FUTURE USE.

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR Covid-19 ODL STATEMENT.

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet at the address listed on your statement. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- * Your name and account number.
- * The dollar amount of the suspected error.
- * Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

YOUR RIGHTS AND RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the statement was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your statement that are not in question.

If we find that we made a mistake on your statement, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your statement. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your statement was correct.

ACKNOWLEDGMENT

By signing below, you agree with all the terms and conditions of this agreement, including the terms and conditions on the reverse side.

Applicant's Signature

Date

Joint Applicant's Signature

Date