Bank of Luxemburg℠

Your life. Your community. Your bank.

Overdraft Assurance Program Waiver of Limit

I/WE, the undersigned, as sole accountholder(s) of the Bank of Luxemburg, account number
_____ do not wish to have the normal Overdraft Assurance Protection limit
applied to this account. I/WE understand by signing the waiver, Bank of Luxemburg will not provide
overdraft privilege protection, as disclosed to us, for this account. I/WE further understand that in order
to have Bank of Luxemburg apply the Overdraft Assurance Protection limit to this account in the future,
the account must be in good standing at the time you make the request to do so.

Date: _____

Depositor's Signature: _____