



QUAINT OAK BANK

Lakeside Office Park | 607 Lakeside Drive | Southampton, PA 18966

☎ 215.364.4059 | 📠 215.364.4650

TRUTH IN SAVINGS DISCLOSURE FOR E-SAVINGS ACCOUNT

Rate Information

If your daily balance is \$250,000.00 or more, the interest rate paid on the entire balance in your account will be .88% with an annual percentage yield of .90%.

If your daily balance is \$25.00 or more but less than \$250,000.00, the interest rate paid on the entire balance in your account will be .98% with an annual percentage yield of 1.00%.

If your daily balance is less than \$25.00, the interest rate paid on the entire balance in your account will be .25% with an annual percentage yield of 0.25%.

Your interest rate and annual percentage yield may change. We may change the interest rate on your account at any time at our discretion.

Minimum Balance Requirements/Maximum Deposits

The minimum deposit to open this account is \$25.00

Balance Computation Method

We use the daily balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day.

Compounding and Crediting

Interest for your account will be compounded daily and credited to your account quarterly. You will receive a monthly statement for your statement savings account unless there are no electronic transfers in a particular month. In any case you will receive the statement at least quarterly. If you close your account before interest is credited, you will receive the accrued interest to date of closing.

Accrual of Interest on Deposits Other Than Cash

Interest begins to accrue on the business day you deposit cash or non-cash items.

Withdrawal of Funds

Withdrawals must be processed by electronic transfer through the Automated Clearing House (ACH) system to a preauthorized (linked) checking account number that you have at another financial institution. You will have access to money transferred from your e-Savings Account into the linked checking account usually in two to three business days based on when you authorized the transfer. We do not issue third party checks.

Schedule of fees

| | |
|---|---------|
| Deposit item returned | \$25.00 |
| Replaced bankbook - in excess of one | \$ 5.00 |
| Check Copy | \$ 2.00 |
| Research on account - each quarter hour | \$15.00 |
| Stop payment | \$30.00 |
| Wire Transfers (out) | \$30.00 |

Transaction Limitations

The depositor is permitted or authorized to make no more than six transfers and withdrawals, or a combination of such transfers and withdrawals, per calendar month or statement cycle of at least four weeks, to another account of the depositor at the same institution or to a third party by means of a preauthorized or automatic transfer. A "preauthorized transfer" includes any arrangement by the depository institution to pay a third party from the account of a depositor upon written or oral instruction (including an order received through an automated clearing house (ACH)) or any arrangement by a depository institution to pay a third party from the account of the depositor at a predetermined time or on a fixed schedule.



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ELECTRONIC FUNDS TRANSFER INITIAL DISCLOSURE

Consumer Liability. If your statement shows transfers that you did not make, Tell us AT ONCE. Telephoning is the best way of keeping your possible losses down. If you do not tell us within 60 days after the statement was mailed to you, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as a long trip or hospital stay) kept you from telling us, we will extend the time periods.

Contact in Event of Unauthorized Transfer. If your statement shows transfer that you did not make call:

215-364-4059 or write:
Quaint Oak Bank
Customer Service
607 Lakeside Drive
Southampton, PA 18966-4000

Business Days. For purposes of these disclosures, our business days are Monday through Friday. Holidays are not included.

Type of Transfers. You may authorize direct deposits to your savings accounts. You may authorize certain bills and other payments to be deducted from your savings accounts by preauthorized payments using the Automated Clearing House (ACH) services. You may authorize payments from your savings accounts to loan accounts with us.

Fees. We do not charge for direct deposits to your savings accounts. We do not charge for preauthorized payment using the ACH services. Except as indicated elsewhere, we do not charge for electronic funds transfers.

Confidentiality. We will disclose information to third parties, about your account or the transfers you make:

- (1) Where it is necessary for completing transfers, or
- (2) In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant, or
- (3) In order to comply with government agency or court orders, or
- (4) If you give us your written permission; or
- (5) As explained in our separate Privacy Disclosure.

Documentation

- **Preauthorized Credits.** If you have arranged to have direct deposits made to your account at least once, every 60 days from the same person or company, you can call us at (215) 364-4059 to find out whether or not the deposit has been made.
- **Periodic Statements.** You will get a monthly account statement for your statement savings account unless there are no electronic transfers in a particular month. In any case you will get the statement at least quarterly.
- **Passbook Account Where the Only Possible Electronic Fund Transfers Are Preauthorized Credits.** If you bring your passbook to us, we will record any electronic deposits that were made to your account since the last time you brought in your passbook.

Preauthorized payments.

- **Right to Stop Payments and Procedure for Doing So.** If you told us in advance to make a regular payments out of your account, you can stop any of these payments. Here's how:

Call us at the telephone number or write to us at the address listed in this disclosure, in time for us to receive your request three business days or more before the scheduled payment is to be made. If you call, we can also require you to put your request in writing and get it to us within 14 days after you call. We will charge you a stop payment fee in accordance with our published fee schedule.

• **Notice of Varying Amounts.** If these regular payments may vary in amount, the person you are going to pay will tell you, 10 days before each payment, when it will be made and how much it will be. (You may choose instead to get this notice only when the payment would differ by more than a certain amount from the previous payment, or when the amount would fall outside certain limits that you set).

• **Liability for Failure to Stop Payment of Preauthorized Transfer.** If you order us to stop one of these payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

Financial Institution's Liability. If we do not complete a transfer to or from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance:

- (1) If, through no fault of ours, you do not have enough money in your account to make the transfer.
- (2) If circumstances beyond our control (such as a fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- (3) There may be other exceptions stated in our agreement with you.

Error Resolution Notice.

In case of Errors or Questions About Your Electronic Transfers, Call or Write to us at the telephone number or address listed in this disclosure, as soon as you can. If you think your statement is wrong or if you need more information about a transfer listed on the statement. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days (20 days if the transfer involved a new account) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involved a new account) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (20 business days if the transfer involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account is opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written statement.

You may ask for copies of the documents that we used in our investigation.



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E-SAVINGS ACCOUNT APPLICATION

Ownership type

- Individual Joint
 Other
 Voluntary Association

 Uniform Gift to Minor
 Sole proprietorship
 Corporation

 In Trust For
 Partnership

PLEASE TELL US ABOUT YOURSELF

NAME (include Jr., Sr., III if applicable)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS (No. & Street)

APT NUMBER

CITY

STATE

ZIP

HOME TELEPHONE

WORK TELEPHONE

()

()

IDENTIFICATION #

ISSUE DATE

EXPIRATION DATE

Joint In Trust For Custodian For

NAME (include Jr., Sr., III if applicable)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS (No. & Street)

APT NUMBER

CITY

STATE

ZIP

HOME TELEPHONE

WORK TELEPHONE

()

()

IDENTIFICATION #

ISSUE DATE

EXPIRATION DATE

Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.

I acknowledge that I have received and read your disclosure statement(s) and agree to the terms and conditions of the account. I also certify that the number shown on this form is my correct taxpayer identification number.

DATE _____

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Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.

I acknowledge that I have received and read your disclosure statement(s) and agree to the terms and conditions of the account. I also certify that the number shown on this form is my correct taxpayer identification number.

***Signature required only if Joint owner is checked**

DATE _____

For Bank Use Only

OPENED BY: _____

OFAC CHECKED

DATE _____

BY INITIALS _____



Member FDIC



QUAINT OAK BANK

Automatic Payment Authorization

Primary Account Holder

Secondary Account Holder (if applicable)

Street Address

City State Zip Code

Home Telephone #

Quaint Oak Bank Account Number

Linked Bank Name

Linked Bank Routing Number

Linked Bank Checking Account Number*
Your checking account number you would like to link

I authorize Quaint Oak Bank to initiate variable entries to my checking account with:

Linked Bank Name

In order to cancel or change this authorization you must notify Quaint Oak Bank in writing in such time as to afford a reasonable opportunity for us to act upon your request. Quaint Oak Bank requires a Personal Identification Number or Password on file in order to ensure your identity for transfers to your linked account.

Personal Identification Number or Password

Signature of Primary Account Holder

Signature of Secondary Account Holder (if applicable)

Date

Date

***Include a check from the checking account you are using to open your Quaint Oak Bank e-Savings account**