

JMFA NEXT GENERATION OVERDRAFT PRIVILEGE®

PERFORMANCE IMPROVEMENT ANALYSIS



ORGANIZATION		CONTACT NAME	
ADDRESS		TITLE	
CITY, STATE & ZIP		PHONE	
FAX		EMAIL	
HOW DID YOU LEARN ABOUT JMFA? <i>Check all that apply</i>	<input type="checkbox"/> Internet Search <input type="checkbox"/> Association or League <input type="checkbox"/> Direct Mail <input type="checkbox"/> Tradeshow/Event <input type="checkbox"/> Article <input type="checkbox"/> Webinar <input type="checkbox"/> Print Ad <input type="checkbox"/> Online Ad <input type="checkbox"/> Peer Recommendation <input type="checkbox"/> Past Relationship with JMFA <input type="checkbox"/> Other _____		

CORE PROCESSOR		ATM/DEBIT CARD PROCESSOR	
TOTAL CHECKING ACCOUNTS		# PERSONAL CHECKING ACCTS	# PERSONAL ACCTS WITH DEBIT CARDS
FEE TO PAY OD ITEMS		FEE TO RETURN NSF ITEMS	

YEAR-TO-DATE DATA
REPORTING PERIOD
_____ to _____ <i>(MM/DD/YY)</i>
TOTAL NSF/OD INCOME
OD ITEMS PAID
NSF ITEMS RETURNED

OVERDRAFT/COURTESY PAY PROGRAM INFORMATION
<p>Did you use a vendor when you implemented your program, or do you have one on contract with you now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="radio"/> Provide the vendor name _____</p> <p><input type="radio"/> Provide contract start and end dates _____ to _____ <i>(MM/YY)</i></p>
<p>How many accounts are on your program? _____</p>
<p>What are the dates and amounts of last fee changes?</p> <p><input type="radio"/> Date of last OD fee change _____ <i>(MM/YY)</i></p> <p><input type="radio"/> Previous OD fee \$ _____</p> <p><input type="radio"/> Date of last NSF fee change _____ <i>(MM/YY)</i></p> <p><input type="radio"/> Previous NSF fee \$ _____</p>
<p>What are the overdraft limit(s) for the program? If the limits are not static provide a high and low range? \$ _____ <i>(HIGH)</i> \$ _____ <i>(LOW)</i></p>
<p>Does your overdraft program allow account holders to go into a negative balance up to their overdraft limit on electronic transactions (POS/ATM)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="radio"/> When did you implement this? _____ <i>(MM/YY)</i></p> <p><input type="radio"/> How many accounts have opted-in? _____</p>

To receive an analysis, submit completed form via fax to 281-749-8207 or online at www.JMFA.com/ODAnalysis

CONFIDENTIALITY

We agree that we will not use or disclose any data as a result of this analysis or consulting assignment that is not published call report information, without written consent. We understand that we may use the raw data in our private database as long as there is no reference to the financial institution or its holding company.

