

OVERDRAFT PROTECTION AGREEMENT SECURITY AGREEMENT AND ASSIGNMENT

This Agreement covers the Overdraft Prote	ction Credit Line		
has with 1st Franklin Financial Corporation Corporation will be referred to as "we", "our		al(s) named above will be referred to as "you" and	nd "your". 1st Franklin Financial
STATEMENT OF PURPOSE: You have pagreement, elected to use the check rede	ourchased a Senior Demand Note	e from us, and have under a separate Senior vices provided under that Agreement. In order that Agreement, you are herewith establishing	er to avoid any possible overdraft
		ne provides overdraft protection to you, su omatically pay any overdrafts incurred under	
Redemption Agreement, with an advance	from your Overdraft Protection	Credit Line. You agree that any such advances free of \$2.00 will be charged on each day from the charged on the charged on each day from the charged on th	ce is a loan and is subject to the
PROMISE TO PAY: You promise to pay a	II loans and advances outstanding	g under this Agreement, plus any applicable FII	NANCE CHARGE.
balance of your account or \$25.00, whiche	ver is greater, at the end of the bi credit line plus any applicable fina	ny time. We require a minimum monthly paym illing period. Payments are due no later than o ance charge will be due and payable at the ma	ne month from the closing date of
or period within which, payment may be m from your Overdraft Protection Credit Line of your account including current transacti	ade to avoid additional FINANCE We figure the FINANCE CHAR ons. To get the "average daily b ts or credits. This gives us the	butstanding, we will compute a FINANCE CHA CHARGES. FINANCE CHARGES begin on a GE on your account by applying the periodic realance" we take the beginning balance of you daily balance. Then, we add up all the daily be "average daily balance."	any loan on the day it is advanced ate to the "average daily balance" r account each day, add any new
PERIODIC RATE: The daily periodic rate	used in computing the FINANCE	CHARGE will be 0.0438%; corresponding 16%	ANNUAL PERCENTAGE RATE.
STATEMENTS: Each month, we will m Protection Credit Line.	ail you a statement showing yo	ur current balance and other pertinent inform	nation concerning your Overdraft
Agreement and Assignment provision of thunderstand that if this Agreement is termi	is Agreement. Either party may hated by either party, all outstand	ion of all or any part of the Investment Securitie terminate this Agreement at any other time by ding loans, plus applicable FINANCE CHARG ount due hereunder from your Investment Secu	notifying the other in writing. You ES will become due and payable
		or fail to do anything required of you by this and we may demand payment of the entire amou	
from the amount we owe you on the Inve applying the results of the redemption of y with whatever lawful methods are necessare reasonable attorney's fees.	stment Securities you are assign our Investment Securities, you wi arry to effect the collection. If we	default, we may, without notice, deduct any aming and transferring to us as security. If the II be responsible for payment of such balance, start collection proceedings, you agree to pay	re is any balance remaining after and we have the right to proceed all actual expenditures, including
	ee, however, that any one of you	n such a way as to require signature of any on by writing a check that caused an overdraft is	
QUESTIONS AND BILLING ERRORS: PI	ease read the attached Billing Err	rors Notice concerning your rights regarding bill	ing errors.
NO ASSIGNMENT: You agree that you w null and void.	Il not attempt to assign or transfe	r your rights or obligations under this Agreeme	nt and that any assignment will be
		any advances or amounts owing under this Ov	verdraft Protection Agreement you
Name(s) Listed on Investment Security:		Name(s) Listed on Investment Security:	
	Acct. #		Acct. #
	Issue Date		Issue Date
			Amt. Pledged \$
		ENT AND SIGNATURES	
When you sign below, each of you is acl of a copy. Executed this		and agree to all of the terms of this Agreement	. You also acknowledge receipt
1st FRANKLIN FINANCIAL CORPOR	ATION X		I
Signature			Date
		Street	Telephone
Ву		City, State, Zip Code	
	x		
	Signature	e	Date
	Signatur		Date
	X Signatur	e	/ Date

1st FRANKLIN FINANCIAL CORPORATION 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 Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days, after we sent you the first bill, 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 Our 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 bill 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 bill that are not in question.

If we find that we made a mistake on your bill, 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 bill. 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 bill was correct.

Filename: OVERDRAFT PROTECTION AGREEMENT

Directory: C:\Documents and Settings\ttw3599\Local Settings\Temporary Internet

Files\OLKEA

Template: C:\Documents and Settings\ttw3599\Application

Data\Microsoft\Templates\Normal.dot

Title: OVERDRAFT PROTECTION AGREEMENT

Subject:

Author: Rebecca Curtis

Keywords: Comments:

Creation Date: 1/6/2009 12:19:00 PM

Change Number: 3

Last Saved On: 1/6/2009 12:20:00 PM

Last Saved By: Lynn
Total Editing Time: 5 Minutes

Last Printed On: 1/6/2009 12:26:00 PM

As of Last Complete Printing Number of Pages: 2

Number of Words: 1,462 (approx.)

Number of Characters: 7,213 (approx.)