Member FDIC | Equal Housing Lender

Privacy Statement

Federal Employee Assistance Program Paycheck Continuity Form

First Name: Last Name:

Submitted on:

By completing this form, you are requesting to overdraft your deposit account up to the amount of one month's paycheck as agreed upon and Firstar Bank will waive overdraft fees related to the overage.* This program will be offered through 11/30/2025. By submitting this form electronically, you are acknowledging your electronic signature is as valid as an original written signature.

Customer Contact Information

First Name	Middle Initial	Last Name

Email	Phone Number

(required)	Address Line 1 Address Line 2 City State ZIP Code
Deposit Account Number (required)	
Federal Government Monthly Paycheck Amount (required)	

Acknowledgment and Agreement

*Terms of Offer: By participating in the Firstar Bank 2025 Federal Employee Assistance Paycheck Continuity program, you agree and understand that 1) Paycheck Continuity requests are based on approval criteria established by Firstar Bank; 2) You must be a customer in good standing; 3) Firstar Bank has the right to refuse any Paycheck Continuity requests; 4) If approved you will be required to fund your deposit account the full amount of the approved and agreed upon overdraft amount when federal government backpay is received. Contact a Retail Branch Manager or Relationship Banker at any of our locations for more information. For a full list of our hours and locations please visit www.firstar.bank.

Account Owner Name	Date

Approved By (to be completed by Firstar Bank Account Officer)	Date

Authorization	Signature	Date