



E-MAIL STATEMENTS

CUSTOMER INFORMATION

Customer Name: _____
Last First M.I.

Phone Number: _____ E-mail Address: _____ SSN: _____

ACCOUNT INFORMATION

I would like to receive e-mail statements on the following account(s):

Type of Account (Checking, Savings, etc.):	Account #:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

****NOTE** – An e-mail statement will take the place of your paper statement. You will no longer receive a paper statement.

BANK USE ONLY

Effective Date: _____ Entered By: _____
Verified Date: _____ Verified By: _____

SIGNATURES

Customer Signature: _____ Date: _____
Employee Signature: _____ Date: _____