



Glasford Bank
eStatement Application

Please print, fill out & mail to:
Glasford Bank
Attn: eStatement Enrollment
P.O. Box 500, 305 E. Main Street
Glasford, IL 61533

Name(s) on Account(s): _____

Address: _____

City: _____ State: _____ Zip: _____

SSN/TIN _____ DOB: _____ PH: _____

Email Address: _____

Account Number	Account Type
_____	_____
_____	_____
_____	_____
_____	_____

Verification Question: What is your mother's maiden name? _____

eStatements will provide an electronic version of your bank account statement and images in place of your paper statements. This service is not subject to a fee; however, other disclosed service charges may apply. Please refer to our Products and Services brochures for applicable fees.

Password needs to be at least four characters, can be any combination of letter, number and/or symbol.

Password for eStatements: _____

- System Requirements – Email is required. Your email provider must allow file attachments. Adobe Acrobat version 7 or higher with Windows or Mac is required to view the statement.
- A test email will be sent to you requiring an affirmative reply verifying you are able to receive and open the eStatement attachment. After confirmed, you will begin receiving your monthly statements electronically.
- If, at any time, your email address changes, it is your responsibility to notify the bank. Failure to do so will result in undelivered e-statements. If you fail to notify the bank of a change in your email address, the bank may not be held liable for any unauthorized transactions on the statement not reported within the allowed 60 days due to non-receipt of the eStatement. An email address change may be done by signing a change form with any bank employee. A new test email will be sent requiring confirmation of receipt and ability to open.
- Any account holder on the listed accounts may withdraw consent to receive eStatements at any time by signing the Withdrawal of Consent form. Consent withdrawal will be effective after the bank has received the form and had opportunity to act upon it.

By signing this Consent Agreement, you acknowledge that you have read and understand the above provisions, and request and authorize Glasford Bank to provide you with records for the listed account in an electronic form.

If this is a joint account, both signatures are required. The email address for delivery of your eStatement will be tied to the primary accountholders' contact information.

Signature _____ Date _____

Printed Name: _____

Signature _____ Date _____

Printed Name: _____

