

eStatements Enrollment Form

Have your bank statements securely emailed to your inbox

(please print or type)

Your confidential information is for internal use only

Account Owner's Name	Date Requested (mm/dd/yyyy)	
Daytime Phone () Work () Home () Cell		
Current Home Street Address	City	State, ZIP

List accounts (checking, savings, or money market) **for which you would like eStatements e-mailed to you.** Your password must be a minimum of 8 letter and number characters. For your protection, only the account owner can request changes to eStatements.

PLEASE PRINT OR TYPE CAREFULLY

Account #	Password	Email Address (2nd Email address is optional)
		1.
		2.
		1.
		2.

Choose one Security Verification Question & Answer for future support assistance:

- Company where you had your first job?
- Name of your first grade teacher?
- Your mother's date of birth? (mm/dd)
- Your father's date of birth? (mm/dd)
- Your father's middle name?

Your Security Verification Answer: _____

PLEASE READ BEFORE SIGNING

I have received, read and agree to the terms of the eStatement Agreement. I understand that eStatements will replace paper statements and I will no longer receive paper statements unless I make a request by calling or writing to discontinue eStatements. I authorize Cresco Bank & Trust Co. to verify any information in this enrollment form and allow access to all accounts I may be a signer on as listed above. The use of eStatements shall be governed by the eStatements Agreement that was communicated in writing to me. I certify that the information provided is true and correct.

Signature(s) _____

Date _____

➔ Please return completed enrollment form: 1. in person, 2. by mail, or 3. by fax:
Cresco Bank & Trust Co., PO Box 317, 126 Second Ave SE, Cresco, IA 52136,
or FAX to 563-547-5052.

For your security, you will receive confirmation by postal mail and email before your next statement.

Please visit with a Bookkeeping Service Representative at 563-547-2244 if you have questions.

<p>For Office Use Only</p> <p>Enrollment form received by: FAX _____ Mail _____ Employee _____</p> <p>Maintenance completed CIF _____ DDA _____ CSPI _____</p> <p>Combined statement cycles reviewed _____</p> <p>Account(s) Credited _____</p> <p>Postal confirmation sent _____</p> <p>Bookkeeper initials _____ Date _____</p> <p>Verification initials _____ Date _____</p> <p>Scan _____</p> <p>Original send to DBT / copy for CBT</p> <p>Email confirmation sent _____</p>
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Internal use only – make no copies