

EATON NATIONAL BANK & TRUST CO.

E-STATEMENT AUTHORIZATION FORM

This form must be completed to authorize Eaton National Bank & Trust Co. to allow customer access to e-statements.

CUSTOMER NAME: _____ DATE: _____

ACCOUNT NUMBER	ACCOUNT TYPE	DATE TO START E-STATEMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMAIL ADDRESS: _____

Note: Parent / Legal Guardian E-mail address must be assigned to all Wealth Builder accounts. Minor E-mail addresses are unacceptable.

USER ID: _____

PASSWORD: _____

PASSWORD REQUIREMENTS: **Passwords** must be at least 8 characters and less than 12 characters
must contain at least 1 lowercase letter and
must contain at least 1 numeric character

**TO ALL CUSTOMERS
BE ADVISED: READ STATEMENT BELOW BEFORE SIGNING:**

By signing below I am authorizing Eaton National Bank & Trust Co. to allow access to e-statement (s) for the account (s) listed above, to the email address I have provided. I understand that it will be my responsibility to retrieve my e-statement upon being notified if it's availability at the address listed above. I also understand, by signing this form I will **no longer** be receiving a mailed statement from **Eaton National Bank & Trust Co.**

AUTHORIZED SIGNER: _____ DATE: _____

Office Use Only

Date Rec: _____

Date Keyed: _____

APPROVAL: _____