

e-mail statement enrollment or modification

Name _____

Checking Account Number(s): _____
_____Savings Account Number(s): _____

Enrollment

E-mail statements may be sent to up to three (3) different email addresses. Addresses must not exceed 30 characters per address. **Please list e-mail address(es) below.**

_____**E-mail password:** _____

You must include a password with this request. The password must have a minimum of 8 alpha or numeric characters and a maximum of 12 characters. **Passwords can be changed when account is activated.**

By signing below, I agree to receiving an e-mail statement in place of a paper statement. I understand that I may cancel this request at any time by submitting my request in writing to the address listed below.

Signature _____ Date _____

Modification

Please delete the following e-mail address(es).

Signature _____ Date _____

Complete this form, sign and mail to: First National Bank, Data Entry Department, P.O. Box 163, Orrville, OH 44667

BANK USE ONLY

Employee Initials _____ Branch _____

(f/m 837)

(f/m 83P)

(f/m 83A)

(f/m 83B)

(f/m 79C=1)