

Personal Account E-Statement Authorization

Client Name _____ Email Address: _____
Address: _____ 2nd Email Address: _____
City, State, ZIP: _____ Day time Phone: (____) _____
Checking/Savings Account Number: _____ Checking/Savings Account Number: _____
Checking/Savings Account Number: _____ Checking/Savings Account Number: _____

You must be an owner/signer on all accounts you wish to access electronically. Attach a separate sheet, listing any additional accounts for E Statement. Accounts may be checking and / or savings. Existing combined statements will be viewable the same as your paper statement. You may provide a third e-mail address in addition to the two above. Be sure to sign both documents.

E-Statements Requirements:

- Adobe Acrobat 5.0 or higher and e-mail with capability to open Portable Document Format (.PDF).

E-statement Client Agreement:

In consideration of the E-Statement services (SERVICES) to be provided by YOUR COMMUNITY BANK as described from time to time in the information distributed by YOUR COMMUNITY BANK to its CLIENTS ("you", "your"), the undersigned CLIENT agrees as follows:

- The undersigned here by requests and authorizes YOUR COMMUNITY BANK to send notice of regular periodic account statement(s) to CLIENT, in lieu of a paper copy, in electronic format for all accounts designated in this agreement to be received via e-mail. By utilizing the SERVICES, CLIENT agrees to be bound to all rules and regulations applicable to CLIENT'S deposit account and any other contract for services at YOUR COMMUNITY BANK as established and amended by YOUR COMMUNITY BANK.
- CLIENT agrees to receive initial and periodic account disclosure information in an electronic format. YOUR COMMUNITY BANK will provide this information in a clear, conspicuous manner that CLIENT can print and / or save using the hardware and software specified above. The consent granted by this paragraph applies to all accounts identified in this agreement. YOUR COMMUNITY BANK will notify CLIENT of any material change in hardware or software required for retrieving or storing this disclosure information.
- CLIENT understands their right to revoke this agreement and thereby withdraw consent to communicate with YOUR COMMUNITY BANK electronically. In order to withdraw consent and terminate this agreement, CLIENT must notify YOUR COMMUNITY BANK in writing, 30 days in advance, of this decision delivered to YOUR COMMUNITY BANK at the following address: Your Community Bank, Attn: Customer Service, 101 W. Spring Street, New Albany, IN 47150. There are no fees associated with rescinding this agreement.
- CLIENT understands if CLIENT elects to receive your YOUR COMMUNITY BANK statement through electronic delivery, YOUR COMMUNITY BANK will no longer send your statements through U.S. Mail. CLIENT has a right to obtain a paper copy of any of the above-described disclosures or E-Statements. To obtain a paper copy, the CLIENT must make a specific request to YOUR COMMUNITY BANK at the above address, by calling Customer Service, 981-7750 or Toll-free 1-866-944-2004, or visiting your local branch. A fee may apply for providing such documentation.
- CLIENT agrees to notify YOUR COMMUNITY BANK immediately if CLIENT is unable to access any of the information that has been delivered by YOUR COMMUNITY BANK in electronic form or manner.
- CLIENT agrees to provide to YOUR COMMUNITY BANK with signed, written notice if CLIENT'S electronic mail (e-mail) address changes. If electronic delivery of the E-Statement is deemed Undeliverable, attempt to contact CLIENT by phone to rectify will be made. If unable to rectify undeliverable E-Statement YOUR COMMUNITY BANK may terminate this agreement where by a paper statement will be sent to the address of account(s). A new application would be required by CLIENT to obtain E-Statements when CLIENT or YOUR COMMUNITY BANK terminates agreement.
- CLIENT agrees to receive information on other Your Community Bank products, services, and events with e-Statement. If you would not like to receive such information please check here:

YOUR COMMUNITY BANK shall not be responsible or liable for:

- Consequential or incidental damages caused by services performed by YOUR COMMUNITY BANK, or its agents, or Clients Internet Service Provider.
- Damages arising from unauthorized access to E-Statement Services.
- Any costs associated with updating, modifying or terminating CLIENT'S software or hardware.

Additional Terms:

- CLIENT represents and warrants to YOUR COMMUNITY BANK that each individual who is to have access to CLIENT accounts and information through the SERVICES is hereby authorized to access this account information. Each CLIENT will also designate a password as required by the various SERVICES.
- YOUR COMMUNITY BANK'S Privacy Policy, that has been previously provided to you and is available upon request or on the web site, www.yourcommunitybank.com, will apply to this service. CLIENTS e-mail address will not be sold or otherwise provided to third parties.
- YOUR COMMUNITY BANK may change, suspend, or terminate all or any aspect of this delivery service upon notice to you.
- CLIENT acknowledges that he/she has reviewed this CLIENT Agreement, understands the terms and conditions set forth herein, and agrees to be bound hereby.

Authorized Signer: _____

Password: _____ Date: _____

Password should consist of 5 - 8 alphanumeric characters with 1 capitalization (8 characters suggested for higher security). Once selected for each user, a password is to be used only by that individual and protected from use by others. CLIENT agrees that YOUR COMMUNITY BANK'S security procedures are commercially reasonable.

Please submit this form by:

Mail: *Your Community Bank*
101 W. Spring St.
New Albany, IN 47150

Fax: 812-981-7737

In Person: Drop off at any Your Community Bank location



Internal Use Only

Branch Location: _____ Associate: _____ Date: _____

Test Message: Date Sent: _____ Rejected: Yes No Associate: _____

Delivery Type: HTML TEXT