



eStatement Consent Form

Name

Email Address

Street Address

Account Number

City, State & Zip

Account Number

Home Phone Number

Account Number

Work Phone Number

Account Number

The eStatement is password protected. The case-sensitive password can be alpha, numeric or both and must be between 6 – 10 digits.

Please select a password for your eStatement:

Password

You must be an authorized signer on the account to request an eStatement. Information will be sent to the email address indicated above. You must have a valid email address and the ability to view documents in PDF format to receive eStatements. For the latest version of Acrobat Reader, visit their website at: <http://www.adobe.com/acrobat>

Contact us as soon as possible if you do not receive your eStatement. If you would like to request a paper copy of your statement, change the password, change the email address or revoke your consent to receive eStatements, you can contact the Customer Support Center at T-R-I-C-I-T-Y (414-874-2489).

Hours: M-F 8:30 a.m. – 6 p.m.; Sat. 8:30 a.m. – 2 p.m.

There is a \$10 per statement fee to obtain a paper copy of an account statement previously sent electronically. If you withdraw your consent to receive eStatements, paper statements will be sent via US mail to the address on record with the bank.

By signing this form, I am consenting to receive account statements and any other bank communications using the email address provided above. I understand and agree that a person who is furnished the password by me is authorized to open the eStatement.

Authorized Signer

Date

A confirmation email will be sent to the above email address within 5 business days of the receipt of this form.

**Please drop off at any our locations or mail to:
eStatements PO BOX 44017 West Allis, WI 53214**

<i>Office Use Only:</i>	
Sending location #:	_____
Sending employee #:	_____
Date received at Ops:	_____
Date processed:	_____
Date email sent:	_____