



E-Statement Enrollment Form

Name: _____

Account Number: _____

Email: _____

Phone: _____

Authorization:

I agree to receive my monthly account statement by E-Statement. I understand that by signing this form, I will no longer receive my monthly bank statement via U. S. Mail or through interoffice mail, and that I will have 24/7 access to my statement through Internet Banking provided by Burns & McDonnell Credit Union.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date