*Please fill out this form, print it, and return to one of the Mound City Bank locations.

MOUND CITY BANK
E-STATEMENT DELIVERY AUTHORIZATION

I am requesting that my account statement(s) be delivered to me via e-mail.

CUSTOMER NAME(s): _____

ALL RELATED TIN(s): _____

ACCOUNT NUMBER(s): _____

E-MAIL ADDRESS: _____

IMPORTANT INFORMATION

Mailing Address, Telephone Number, Business Days: Direct all inquires on your account to Mound City Bank, Attention: Accounting, Post Office Box 263, Platteville, WI 53818. Telephone: 608-348-2685 or 888-622-6069.
Every day is our business day,
Except Saturdays, Sundays, and federal holidays.

Your Banking Rights, Terms and Conditions:
All deposits to, withdrawals from or other transactions pertaining to your account(s) are subject to the terms and conditions of the agreement you received when you opened your account and any amendments thereto. Amendments to the agreement may be made from time to time in the manner stated therein.

It is your responsibility to inform Mound City Bank, in writing, if your e-mail address should change.

You must provide us with a password to be able to open your statement. This password must be a minimum of six (6) characters and a maximum of eighteen (18) characters, which are case sensitive. Your password must include upper and lower case alpha and at least one numerical digit. Please refrain from any personal information, such as names, birthdays, addresses, phone numbers, etc. Please use a random password. You will not be able to change this password unless you notify Mound City Bank.

Please enter your password here: _____

If you choose to cancel this service, please submit to the Accounting Department a signed statement expressing your request to discontinue the e-statement delivery service, indicating the account number(s) affected along with a stop date.

By signing below, I understand the above conditions of this service and I am agreeing that Mound City Bank will no longer send me hard copy statement.

SIGNATURE _____ DATE _____