Bank of Granite

AS SOLID AS OUR NAME

## GRANITE eSTATEMENTS APPLICATION
## (only applies to Checking Accounts)

ACCOUNT TYPE Consumer / Business
Circle One

**ACCT. HOLDER(S) NAME** SSN or Federal Tax ID HOME PHONE BUS. PHONE

CURRENT ADDRESS CITY STATE ZIP

### *eStatement Required Information

I understand that eStatements will replace paper statements and I may no longer receive paper statements unless a request is submitted in writing to discontinue eStatements and resume paper statements.

**List all accounts you would like eStatements mailed to you** **Types - Checking Accounts Only**

| Account # | Password | Email Address of Recipient |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |

**Account Holder's Name** _____

PLEASE READ BEFORE SIGNING

I certify that the information provided is true and correct. I authorize Bank of Granite to verify any information included in this application and allow access to all accounts I may be a signer on listed above. The use of GRANITE eSTATEMENTS shall be governed by the printed terms and conditions of the GRANITE eSTATEMENTS AGREEMENT AND DISCLOSURES and such other terms and conditions or amendments thereto, as may be established by Bank of Granite and communicated in writing to me. I understand that eStatements will replace paper statements and I may no longer receive paper statements unless a request is submitted in writing to discontinue eSstatements and resume paper statements.

The Undersigned agrees to the same terms stated on the above,

Signature(s)_____ Date_____

_____ Date_____

**Bank Use Only**

Initials _____
Date _____