AUTHORIZATION TO EMAIL BANK STATEMENTS

I,		auth	norize West Plains Bank
(Printed Name)			
,	deliver the bank stat	tements listed below on t	this authorization to my
email address of:			j
(Email Address)			<u> </u>
(2111411 1 1441 4 5 5)			
Account #	Account Title	.	Statement Cycle
incomina in	110000110 11010		<u>Statement Syste</u>
	_		
			that may be obtained by
			I accept all liability, of all
		<u> </u>	n sent to me by West Plains
Bank. I underst	and that this is the	e only form of stateme	nt I will receive . The email
of my statement	will read: "From	- West Plains Bank;	Subject – West Plains Bank
Statement is onli	ne". I further unde	erstand that I must have	e the Adobe Acrobat Reader
program (www.ac	dobe.com) in order	to receive my emailed st	tatement.
If at any time m	ny email address cl	hanges I will notify W	est Plains Bank of my new
email address.		•	·
I certify that I am	authorized to reque	est this service for the ab	ove listed accounts.
•	1		
Dated:	·		
(Bank Employee S	ignature)	(Custome	er Signature)
	CANCELLAT	TION OF AUTHORIZA	ATION
	CHICELLIA		IIION
I,		cancel this agreeme	ent as of
(Printed Name)		-	(Date)
(Customer Signatus			
Customer Signatu	101		