

Statement Handling Form

For Account # _____ For All GTSB Accounts

No Statement -

I hereby request and authorize GTSB to cancel my monthly statement.

Mail Statement -

I hereby request and authorize GTSB to mail my bank statements to the address below.

Hold Statement @ Germantown Breese Beckemeyer Bartelso -

I hereby request GTSB to hold my bank statements. I understand the importance of retrieving these statements on a timely basis and agree to pick up statements promptly. I acknowledge and agree that the Bank may, but is not required to, mail these statements to me at the address on file if a statement has not been retrieved within three (3) weeks of the statement date

I hereby authorize the following individuals to pick-up my statements.

Electronic Statement -

I the undersigned, authorize GTSB to cancel my paper statement and make my monthly statement available electronically. I understand that a notice of availability will be E-Mailed to the address below, and that I will inform the bank should the address change, by requesting and filling out a new form. Customers will receive One (1) Electronic statement in lieu of a paper statement. The statement will be available via GTSB Online Banking on the day of cycle cut-off. If a paper statement is also requested, there will be a fee imposed per additional statement sent. This fee will be charged to the account.

E-Mail Address: _____

* You must be using GTSB's Online Banking product to utilize this option. (Enroll @ www.gtsb.com)

Duplicate Statement -

I the undersigned, herein referred to as the First Party, authorize GTSB to duplicate statement information regarding account # _____ to the Second Party listed below. I understand that the duplicate statement will only be provided to the second party named below, and that I will inform the bank should this change, by requesting and filling out a new form. If duplicate statements are requested, there will be a fee imposed per additional statement sent. This fee will be charged to the account.

Second party to receive a duplicate account statement via Electronic Paper Statement

*****Qpnlpg'Dcpnlpi 'WIP : _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Customer Authorized Signature _____ **Date** _____

By signing this form, the customer agrees to pay any applicable fees associated with any duplicates or copies made by the bank.