

20__ CD STATEMENT AUTHORIZATION FORM

Customer Name _____

Account Number(s)_____

I/We the undersigned authorize Germantown Trust & Savings Bank to write statement information for the entire year regarding our above listed account(s) to a CD-ROM.

- Please hold our CD Statement at GTSB-_____. We will pick it up at that location.
- Please mail our CD Statement to the address below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I agree to pay \$40.00 for a 20__ CD Statement and request GTSB to debit account # _____.

Customer Authorized Signature _____

Date _____