

**MONTHLY CD STATEMENT AUTHORIZATION FORM**

Customer Name \_\_\_\_\_

Account Number(s)\_\_\_\_\_

I/We the undersigned authorize Germantown Trust & Savings Bank to write statement information 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. We will inform the bank should this change, by requesting and filling out a new form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing this form the customer agrees to pay \$5.00 for every month that I receive a CD Statement, and request GTSB to debit account #\_\_\_\_\_ .