



ACCOUNT STATEMENT WAIVER FORM

Customer Name _____

Account Number (s) _____

I, _____, request and authorize Atlas Bank to discontinue mailing my account statement(s) for account(s) listed above and agree to the following terms and conditions:

I am responsible for detecting any unauthorized transactions through Atlas Bank Online Banking or by coming into Atlas Bank branch.

I understand that Atlas Bank mailings, such as promotional material and tax statements will continue to be mailed to my home address.

I am responsible for notifying Atlas Bank of any address change.

If I request a hard copy of my statement(s), I agree to pay the *copy of account statement fee* as listed in the current Atlas Bank Fee Schedule.

Customer Signature

Date

Customer Signature

Date

Customer Signature

Date

<p><i>For bank use only:</i> Received by _____ on _____</p>
