

**Please fill out top portion and return entire form to Union State Bank in person,  
by mail or via email: alicia@usbcc.com**

**Union State Bank Electronic Statement Delivery Enrollment Form**

**Customer Name(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**VERIFY Email Address:** \_\_\_\_\_

**Accounts:** \_\_\_\_\_

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**For Employees Only:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>Requested via:</b></p> <p><input type="checkbox"/> In Person</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Email</p>	<p><b>Date of opt-in:</b> _____</p> <p><b>Received by:</b> _____ (employee initials)</p> <p><b>Date of opt-out:</b> _____</p> <p><b>Received by:</b> _____ (employee initials)</p>
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