

Delavan Location
820 E. Geneva Street
Delavan, WI 53115
262-728-2265

Sharon Location
114 Plain Street
Sharon, WI 53585
262-736-4414

Clinton Location
501 Ogden Ave.
Clinton, WI 53525
608-676-4700

Lake Geneva Location
200 Interchange North
Lake Geneva, WI 53147
262-248-7800

www.communitybankcbd.com

eStatement Enrollment

- New Enrollment
- Add Accounts to Existing Enrollment
- Change Email Address to Existing Enrollment
- Cancel Enrollment

Please fill out completely, print and mail this enrollment form to:

Email Address _____
(Required Field)

Name: _____

Community Bank CBD
Attn: Bookkeeping
P.O. Box 648
Delavan, WI 53115

Or deliver in person to any Community Bank location.

Account Type(s):	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	_____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	_____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	_____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	_____

You will receive an email confirmation notifying you that your enrollment form has been processed.

Your enrollment for eStatement will allow you to receive your bank statement through the convenience and security of Internet banking. You will receive a notice by email when your statement is available to retrieve. If you do not view your statement, we are required to email you up to 3 notices. To be eligible to receive eStatements, you must:

1. Have an access ID and password for internet banking.
2. Agree that you will no longer receive a paper copy of your statement delivered via U.S. mail.
3. Agree to check safekeeping for checking accounts. By agreeing to receive an eStatement, you will no longer have cancelled checks mailed back to you. Checks will be available for viewing or printing online through internet banking.
4. Notify the bank if your email address changes.

You have the right to cancel this eStatement enrollment at any time by notifying the bank in person, by phone at 262-728-2265, or mail to Community Bank CBD, P.O. Box 648, Delavan, WI 53115.

I accept the terms of this enrollment and acknowledge that I am able to read and retain the disclosures in this statement.

Signature _____ Date _____

TERMINATION

I wish to terminate my enrollment for eStatement and receive my statements via U.S. mail.

Signature _____ Date _____

Internal Use Only	
Date enrollment completed: _____	Work completed by: _____