



Email Statement Registration Form

Please fill out one form for EACH individual wanting to receive statements via email.

Account Number(s): _____

- Statement Frequency:
- Monthly
 - Quarterly
 - I would also like to receive paper statements by mail.

Church Information:

Church Name: _____

Church Mailing Address: _____

Church City: _____ Church State: _____ Church Zip: _____

Church Email Address: _____

Church Phone Number: _____

Contact Information:

Contact Name: _____

Contact Title: _____

Contact Email Address: _____

Contact Phone Number: _____

Contact Signature: _____ Date: _____