

**ELECTRONIC DISCLOSURES AND NOTICES  
CONSENT AGREEMENT**

**Jersey State Bank**  
**"Serving Jersey County Since 1903"**  
**1000 South State Street**  
**Jerseyville, Illinois 62052**  
**(618)498-6466**

DATE	E-MAIL ADDRESS	AFFECTED ACCOUNTS

The following provisions are important disclosures which apply to your election to receive electronic records.

**DEFINITIONS.** In the provisions hereof, the terms "you" and "your" refer to the consumer, and the terms "we" and "us" refer to Jersey State Bank. Also, the use of "you" and "your" shall be construed in the singular and plural, as the text requires.

**SCOPE AND DURATION.** You have elected to receive all available disclosures, notices and other records ("records") from us in either paper or electronic form.

**SYSTEM REQUIREMENTS.** Your system must have the following necessary hardware and software in order to receive and retrieve electronically: The statements are provided in PDF (Portable Document Format) files, which can be viewed or printed using your Web browser and ADOBE'S ACROBAT READER version 4.0 or higher software. Windows versions of Acrobat Reader may be downloaded free of charge from www.adobe.com. You must be running Windows 98 2nd Edition or later operating system in order to view statements. We will notify you of any change in the hardware or software requirements needed for access to or retention of electronic records.

**CONFIRMATION.** By electing to have records provided to you in electronic form, you agree to confirm your ability to access the information. Please follow these confirmation procedures: You must have a valid Internet email address that will accept file attachments and with some e-mail service providers, jsbib@jsbmail.com has to be identified to be received in your In Box. We are not responsible for any delay or failure on our part in sending you an email containing your records. For security purposes, you may choose a unique password to view your statement. This password must contain at least 6 alphanumeric characters with no spaces. Please indicate your password here \_\_\_\_\_.

When we notify you of any system change, you must reconfirm your consent according to the instructions provided at the time, or withdraw your consent, in the manner set forth below.

**REQUESTING PAPER COPIES.** You may request paper copies of your records.

**CHANGING YOUR E-MAIL ADDRESS.** When you change your e-mail address or other contact information, you must provide us with your new e-mail address or other contact information. If you fail to provide us with this information and electronic records are returned undelivered, we will not automatically convert your account to receive paper records.

**WITHDRAWAL OF CONSENT.** Any authorized signer for the account listed on the Consent Agreement has the right to withdraw at any time the consent to have records provided in electronic form, either using the Withdrawal of Consent section supplied below or in any notification approved by us. Your consent withdrawal will not be effective until we receive it and have had a reasonable opportunity to act upon it.

**ADDITIONAL TERMS.** We reserve the right to change or cancel this service at any time. Fees for research or paper copies are \$3.00 for text statements and \$5.00 for image statements, at our discretion these fees may change. In instances of combined statements, the following will be included as secondary accounts: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

**ACKNOWLEDGMENT.** By signing this Consent Agreement, you acknowledge that you have read and understand the above provisions, and request and authorize Jersey State Bank to provide you with records for the accounts indicated above in an electronic form.

_____	_____	_____	_____
Name	Date	Name	Date

The above Electronic Mailing authorization has been accepted by the undersigned as representative of Jersey State Bank as of this date.

By: Bank Representative \_\_\_\_\_ Date \_\_\_\_\_

**CONTACT INFORMATION.** For questions about the electronic delivery of statements and notices, contact: Bookkeeping Department at 618-498-6466.

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**WITHDRAWAL OF CONSENT.** I hereby withdraw my consent for the electronic delivery of records on the account(s) identified below as of this date. I understand that subsequent to the acceptance of the Withdrawal of Consent by Jersey State Bank, any further records will be sent to me at the address on record for the account(s) identified below. I understand that the withdrawal of consent must be provided in a manner acceptable to you and allowing you sufficient time to act upon it.

Account Number: \_\_\_\_\_

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

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