

# Electronic Disclosure and Notices Consent Agreement

## E-STATEMENTS ENROLLMENT FORM

Customer Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Affected Account(s): \_\_\_\_\_  
\_\_\_\_\_

I hereby request and agree to receive correspondence such as Bank account statements, related annual Privacy disclosure, account notices and other records from us delivered to me electronically.

I understand and acknowledge that I presently have the right to receive such statements and disclosures in paper form.

**WITHDRAWAL OF CONSENT.** Additionally, I understand that I may revoke the Authorization for E-Statements any time by providing the Bank with notice of such revocation by secure Internet Banking message or by visiting my local branch. Your consent will not be effective until we receive it and have had reasonable opportunity to act upon it.

**REQUEST FOR PAPER COPIES.** I further understand and agree that I have a right to request that the Bank send a paper copy of a particular statement that has been made available electronically, and that the Bank may charge a fee for that service, as disclosed in the Jersey State Bank Charges and Fees. I agree that such fee can be deducted from an account that I designate and have ownership rights.

**CHANGING OF YOUR EMAIL ADDRESS.** I understand that it is my responsibility to notify the bank of any changes to my E-mail address. The effective date of this new E-mail address will be no less than 30 days from the day such notice is acknowledged as received by the bank. 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.

**SYSTEM REQUIREMENTS.** I understand that, in order to receive this information electronically, I must:

- Have a valid email address which will be your user name to login to view your statements.
- Have a PC with a Certified Internet Browser (must support 128-bit encryption)
- Internet Access
- Adobe Acrobat Reader & Flash Player (Free to download at [www.adobe.com](http://www.adobe.com))

I hereby acknowledge that my equipment meets those technical requirements for receiving, downloading, and printing the information.

I understand that in the event I experience difficulties or have questions regarding electronic statements or disclosures I can contact the Customer Service Department at 618-498-6466.

I understand that if in the future, the Bank upgrades its internet delivery system, with the result that I may need to upgrade hardware and/or software that differ from that referred to above; I may revoke this Authorization and Agreement in the same manner discussed earlier.

I understand that the Bank will issue a user identification and password to electronically access my account information, statements, notices and disclosures. I understand that I will be required to immediately change the bank issued password, to keep it secret, not to store it on my PC and to notify the Customer Services Department by telephone or secure Internet Banking message if I believe that someone has learned the user identification or password, or that my access has been compromised in any way.

I understand that the Bank will notify me monthly, by email, that my bank statement(s) is available for viewing.

I understand and agree that the Bank retains the right, to the extent permitted by law, to amend this agreement in the future by providing me with written notice of such changes sent to my last known mailing address or by providing electronic notice of such changes to me through a secure Internet Banking message. In the future, should the Bank, by law or regulation, be permitted to deliver additional notices or disclosures to which I am entitled, I hereby agree to receive such notices or disclosures in electronic format sent to me through a disclosure or secure message sent to me within Internet Banking.

**ACKNOWLEDGMENT.** By signing below, I acknowledge that I have read and understand the above provisions, and request and authorize Jersey State Bank to provide me with records for the accounts indicated above in an electronic form. Additionally, I certify that all of the information contained herein is true and correct.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

*For Bank Use Only*

Taken by:

*Updated 9-2016*

Changed in Precision by:

Date:

Changed in CSI by:

Date:

**WITHDRAWAL OF CONSENT.** I hereby withdraw my consent for 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 of record for the account(s) identified below. I understand that the withdrawal of consent be provided in a manner acceptable to you and allowing you sufficient time to act upon it.

Affected Account(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Owner's Signature Date