



E-Statement Enrollment and Maintenance Form

Customer Information

PLEASE PRINT CLEARLY

New Enrollment
 Update Existing E-Statement Account
 Social Security Number or Tax ID Number _____ - ____ - _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Contact for Accounts _____

List below all checking/savings accounts for which you are an owner, and would like to receive as E-Statement. Please print clearly. To improve security, we recommend that you provide a password that you will use to view your statement. The password should be at least six (6) but no more than ten (10) characters long, alphanumeric and contain at least one (1) special character. You may request that we send the same account to up to three (3) different email addresses.

ACCOUNT INFORMATION

ID	ACCOUNT NUMBER	E-MAIL ADDRESS	PASSWORD
1		1.	
		2.	
		3.	
2		1.	
		2.	
		3.	
3		1.	
		2.	
		3.	
4		1.	
		2.	
		3.	
5		1.	
		2.	
		3.	
6		1.	
		2.	
		3.	

PLEASE READ BEFORE SIGNING:

You are ultimately responsible for the care and safekeeping of your account(s) and password(s). Allowing another, unauthorized person to access this information will allow them to view confidential information regarding your account(s). You are responsible for notifying First United Bank as soon as possible if your email address is changed. By signing below, you elect and authorize us to electronically deliver your account statement(s). You represent that you agree to the terms and conditions of E-Statement delivery and that you have caused this enrollment form to be executed. You also warrant that you and your representative signatories, whose signatures appear below, have been and are as of the date of this form, duly authorized by all necessary action in accordance with their governing instruments, if applicable, to execute this enrollment form.

SIGNATURES

By signing below, I certify that the information provided is true and correct. I authorize First United Bank to verify information on this application and allow access to all the accounts listed above of which I am an owner. Signature must match the Account Signature form.

Signature	Date	Signature	Date

BANK USE ONLY

DIM/01
 EAR/02
 SEA/03
 LUB/04
 LUB/06
 SUD/07
 LIT/08
 SEM/09

AMA/10
 AMA/11
 TDW/12
 CAN/13
 LAM/14

Account Officer	Referred By	Request Date	E-Statement	CIF	Date Input	Comments