



\*Name of High School You Attended: \_\_\_\_\_

**I REPRESENT THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OF THIS AGREEMENT. I MAY TERMINATE ACCESS TO THIS SERVICE OR THE OPTION TO RECEIVE STATEMENTS ELECTRONICALLY AT ANY TIME PROVIDED I SUBMIT SUCH INSTRUCTIONS IN WRITING TO THE TRUST DIVISION.**

**By checking this box, I am indicating that I elect to turn off the receipt of paper statements and to start receiving my account statements online.**

**Add a page if there are additional signers.**

Date: _____
Signature: _____
Printed Name of Signer: _____
Title/Capacity of Signer: _____
Customer Name: _____

Date: _____
Signature: _____
Printed Name of Signer: _____
Title/Capacity of Signer: _____
Customer Name: _____