



Franklin eStatements

Enrollment Form

Name:
Last 4 digits of SSN:
Daytime Phone:
Email address:
Account Number(s):

Name:
Last 4 digits of SSN:
Daytime Phone:
Email address:

I would like to enroll in Franklin Savings Bank's electronic statement program, Franklin eStatements, which will allow me to access my account statements by electronic means only. I understand that I will have access to statements for the accounts that I have now or in the future, for which statements are created. I understand that the bank will notify me by email at the email address I have provided as statements are available for viewing over a secure website.

Paper statements will no longer be sent to me unless I make a written request.

I agree to receive bank or account-related notifications, including any change in terms, at the email address provided herein.

I am responsible for promptly notifying the bank in writing of any changes to my email address.

Everything here is true and correct to the best of my knowledge.

If the services above allow access to a business account, all authorized representatives consent to this enrollment by signing below.

Date: _____

Signature _____

Signature _____

