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DATA ENTERED IN COMPUTER ROOM

(Please Initial)

## **Statements on CD**

PRIMARY ACCCOUNT HOLDER			
FIRST NAME	LAST	NAME	
(PLEASE PRINT)		(PLEASE PRINT)	
SECONDARY ACCOUNT HOLDE	R		
FIRST NAME	LAST	NAME	
(PLEASE PRINT)		(PLEASE PRINT)	
ACCOUNT NUMBER(S) TO PRIM	NT TO A CD:		
HOW WILL YOU RECEIVE YOUR STATEMENT(S) PRINTED TO A		O AND HOW OFTEN WOULD YO	U LIKE YOUR
"I will pick up my Statem	ent on CD."	"I want my Statement o	on CD mailed."
	Monthly CD	\$6.95 each	
	Quarterly CD	\$10.95 each	
	Annual CD	\$19.95	
information onto a CD when my st below I acknowledge that I hereby State Bank of Bement of any addre understand that should I not retur	tatement is to be mailed f y: (1) agree to receive my ess changes by filling out a rn the signed address char ) agree that I fully unders	c). I give State Bank of Bement perr for the specified account(s) listed a statement(s) on a CD (compact disc and signing the address change for nge form to State Bank of Bement, tand and will comply to these rules owledge."	bove. By signing c), (2) agree to notify m required and my CD will not be
(PRIMARY ACCOUNT HOLDER S	 IGNATURE)	(SECONDARY ACCOUNT HOL	 DER SIGNATURE)