



Consent to Receive Consumer Disclosure Electronically

Name: _____ Email: _____

Address: _____

City, ST, ZIP _____

Day Phone: _____

You (the customer) consent to receive the following Checking/Savings Account Statements electronically:

Account # _____ Account # _____

Account # _____ Account # _____

You must be an owner/signer on all accounts you wish to receive electronically.

If you choose to receive the Statements electronically, you understand that you will not automatically receive the Statements in paper form.

You have the right (or option) to have the Statements made available in paper form. You may obtain the Statements on paper by verbally requesting a paper copy at a First National Beatrice branch, or by mailing a signed, written request for a paper copy to a First National Beatrice branch. All requests should include the account number and date of the statement you wish to receive as well as your name and address. The standard \$2.00 Account Activity Printout Fee will apply.

You have the right to withdraw prospectively your consent to receive the Statements electronically. You may withdraw your consent by verbally requesting so at a First National Beatrice branch, or by mailing a signed, written revocation to a First National Beatrice branch. All requests should include the account number of the statement, the revocation date as well as your name and address. Reinstatement of paper statements will also reinstate the Bill Pay fee of \$4.95 per month for the first 20 with \$.30 per Bill Pay thereafter.

To access, download and print the Statements, you will need to have:

- A personal computer with internet access.
- Browsers supported for use: Microsoft Internet Explorer 6.x and greater, Netscape 7.x and greater.
- Other browsers may be used but are not technically supported by the Internet Banking System.
- First National Beatrice authorized Internet Banking User Identification.
- Your First National Beatrice Internet Banking Password.

Please sign and return this form with a signed cover page of one of your electronic statements and return to:

**First National Beatrice
Attn: Electronic Statements
PO Box 338
Beatrice, NE 68310**

Bank Signature: _____ Customer Signature: _____

Bank Location: _____ Customer Signature: _____

Bank Phone #: _____ Date: _____

Bill Pay: Yes No