

e-Statement Sign Up

I hereby authorize Wadena State Bank to send my monthly bank statement via email to the address listed below. It is my responsibility to contact Wadena State Bank if my email address should change.

Name (primary name)

Email Address

Password (Minimum of 6 characters and must contain a combination of numbers and letters) *NOTE: This password will be used **only** to open the email attachment. Please select a password other than your Online Banking password and email password.*

Account Number

Account Number

I understand that I am able to print my periodic statement and it's disclosures from the Wadena State Bank email. If I would like a printed statement at any time I may also request a copy from the bank. I am now waiving my right to receive a periodic statement via postal service mail.

Signature

Date

Signature

Date

Signature

Date

TO BE FILLED OUT BY BANK PERSONNEL

____/____/20____
Date e-mailed

____/____/20____
Date e-Statement Activated

Bank Employee Name

____/____/20____
Debit Card Fee Waived

Member FDIC

Shared/Input Sheets File/e-statement sign up