



ELECTRONIC STATEMENT ENROLLMENT FORM

There are a few requirements that you have to meet in order to receive your statements electronically:

1. Your Internet browser must be version 4.0 or higher and support HTML 4.1 or higher.
2. You must have a printer available. The quality of printing will be determined by the type of printer you use.
3. You must be a LaPorte Savings Bank Online Banking customer.
4. You must have an email address. By supplying this email address you are authorizing us to send notification of the availability of your statement(s) to that address. This email address will be used for bank purposes only.
5. You must notify us when you have a change in your email address. If the notice sent to you via email is returned to us as undeliverable due to your email address no longer being valid, we will cancel this agreement and begin sending your account statements via US mail. This may result in a service charge being assessed to your account for Online Banking services.

If at any time while receiving your statements electronically you want or need a paper copy of your statement, contact LaPorte Savings Bank's Customer Accounting Department at (219) 362-7511. A fee of \$5.00 per paper statement requested will be assessed.

To apply for electronic statements, please print this form and complete the section below.

Customer Name _____

Social Security Number / Tax ID Number _____

Primary Checking Account Number _____

Email Address _____

Check the box below if you would like to receive all of your LaPorte Savings Bank account statements electronically.

Yes! Please combine all of my applicable LaPorte Savings Bank monthly account statements and send them to me electronically!

PLEASE NOTE: YOU MUST BE AN AUTHORIZED OWNER OF THESE ACCOUNTS TO REQUEST THIS SERVICE.

I understand that by signing this agreement that I will no longer receive a printed paper account statement via US Mail. I also understand that I may request a copy of my account statement(s) at any time for a fee. This agreement will remain in effect until I supply LaPorte Savings Bank with written notice of cancellation. I understand that a period of one month is required before I can expect to receive my account statement(s) via US Mail again. I further understand that I could possibly receive an additional electronic statement of my account(s) after I have provided my cancellation notice.

Applicant Signature: _____ Date: _____

Please print and complete this application. Mail or bring it to:

The LaPorte Savings Bank
Online Banking Department
710 Indiana Avenue
LaPorte, Indiana 46350

FOR INTERNAL USE ONLY

Application Received by: _____ Date: _____

TO CANCEL YOUR ELECTRONIC STATEMENT SERVICE, SIGN BELOW. PLEASE NOTE THAT CANCELLATION OF THIS SERVICE MAY ADVERSELY AFFECT YOUR MONTHLY ONLINE BANKING SERVICE CHARGES.

I understand that by cancelling this service I will no longer receive my monthly statement(s) electronically and that I will begin to receive my statement(s) via US Mail.

Applicant Signature: _____ Date: _____