



HARTFORD
 116 W. Sumner St
 P.O. Box 270106
 Hartford, WI 53027
 262-673-5800
 FAX: 262-673-8925

SLINGER
 439 E Washington St.
 P.O. Box 350
 Slinger, WI 53086
 262-644-7606
 FAX: 262-644-7407

www.fnb-hartford.com

eStatement Enrollment Form

- New Enrollment
- Add Accounts to Existing Enrollment
- Change Email Address to Existing Enrollment
- Cancel Enrollment

Please fill out completely, print and mail this enrollment form to:

First National Bank of Hartford
 Attn: Bookkeeping Department
 116 W. Sumner St.
 P.O. Box 270106
 Hartford, WI 53027

Or deliver in person to any First National Bank of Hartford location.

You will receive an email confirmation notifying you that your enrollment form has been processed

Name:		Port #
Account Type(s):	Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Email Address:		

Your enrollment for eStatement will allow you to receive your bank statement through the convenience and security of internet banking. You will receive a notice by email when your statement is available to retrieve. To be eligible to receive eStatements, you must:

1. Have an access ID and password for internet banking.
2. Agree that you will no longer receive a paper copy of your statement delivered via U.S. mail.
3. Agree to check safekeeping for checking accounts. Checks will be available for viewing or printing online through internet banking.
4. Notify the bank if your email address changes.

You have the right to cancel this eStatement at any time by notifying the bank in person, by phone at 262-673-5800 or 262-644-7606 or by mail to First National Bank of Hartford, P.O. Box 270106, Hartford, WI 53027

I accept the terms of this enrollment and acknowledge that I am able to read and retain the disclosures in this statement

Signature _____ Date _____

TERMINATION

I wish to terminate my enrollment for eStatement and receive my statements via U.S. mail

Signature _____ Date _____