



# SHELBY COUNTY STATE BANK

SHELBYVILLE, ILLINOIS

## *Electronic Communication Opt IN/OUT*

**(Opt IN allows SCSB to send information electronically)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip

Phone Number: ( ) \_\_\_\_\_ Social Security # : \_\_\_\_\_

Email Address: \_\_\_\_\_

OPT OUT:  All Mailings (You will receive all communications through the mail)

OPT IN:

- Notices
- Disclosures
- Privacy Policy
- Statements: Accounts \_\_\_\_\_

By agreeing to receive your statements electronically, you will need to be enrolled in our Online Banking. By checking the box above, you will be automatically signed up for Online banking and electronic statements.

**By Opting IN, I agree to receive all future communications electronically**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Required*

**Your correspondence will no longer be issued by U.S. Mail, however, you have the option to withdraw your consent to receive your correspondence via e-mail and receive the communication on paper or non-electronic format at anytime. Please note that you may be charged associated fees for receiving printed correspondence if they apply to your account.**

For Office Use Only:

Signature Verified By:

Date:

*If it's important to you...it's important to us*