



E-Statement Access Authorization Form

APPLICANT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Daytime Phone: _____

ACCOUNTS

Checking Account Number: _____

Savings Account Number: _____

Other: _____

Other: _____

Applicant's Signature: _____

Date: _____

Please bring completed application to your nearest FNB office or mail to:

FNB Bank
Attn: Bookkeeping
P.O. Box 130
Scottsboro, AL 35768

FOR INTERNAL USE

	DATE
Accepted By: _____	
Callback By: _____	
Entered on E-Statement System By: _____	
Verified Accounts on E-Statement System By: _____	
Login E-mail Sent By: _____	
Password E-mail Sent By: _____	
Date Paper Turned Off By: _____	