



201 South Jefferson Street • PO Box 207 • Sigourney, Iowa 52591  
Phone 641-622-2525 • Fax 641-622-2893 • Toll Free 877-611-2525

## **Electronic Account Statement, Check Image, Notices and Disclosures Delivery Enrollment and Consent Agreement**

The County Bank Electronic Account Statement, Check Image, Notices and Disclosures Delivery Enrollment and Consent Agreement ("Agreement") governs use of County Bank's Electronic Account Statement, Check Image, Notices and Disclosures Delivery Service ("Electronic Delivery Service" or "eStatements"). As used in this document the words "you" and "your" refer to County Bank customer(s). The words "we" and "our" refer to County Bank. This Agreement explains the terms and conditions governing County Bank's Electronic Account Statement, Check Image, Notices and Disclosures Delivery Service. By using the Electronic Delivery Service, you agree to the following terms and conditions. This Agreement will be governed by and interpreted in accordance with Federal laws and regulations, or to the extent there is no applicable Federal law or regulation, by the laws of the state of Iowa. By accepting below or otherwise using the Electronic Delivery Service, you agree to use the Electronic Delivery Service only for bona fide and lawful purpose permitted under this Agreement.

### **Important Terms & Conditions which apply to your election to receive electronic records:**

- 1. System Requirements.** To receive Electronic Delivery Services, you must have a working connection to the Internet with email capability to open Portable Document Format (.PDF) files with Adobe Acrobat Reader 5.0 or higher.
- 2. Scope and Duration.** Upon enrollment, periodic account statements, check images, all available disclosures and notices will be provided electronically. You may request paper copies by sending your request to the address provided below. (A research fee of \$25 may apply.)
- 3. Password Requirements.** At the time of this enrollment agreement, you agree to provide us with a password needed to decrypt the self-extracting attachment containing your information. The password that you provide to us must be alphanumeric with a minimum of seven (7) characters. The password will be case-sensitive.
- 4. Confirmation of Access.** By electing to have records provided to you in electronic form, you agree to confirm your ability to access the information. When we notify you of any system change, you must reconfirm your consent according to the instructions provided at that time, or withdraw your consent, in the manner set forth below.
- 5. Change of Contact Information.** You agree to keep us informed of any change in your e-mail address or other contact information by advising us in writing at the address provided below.
- 6. E-mail Delivery Errors.** Receipt by us of an e-mail delivery error regarding the eStatement could result in the termination of this Agreement. Upon receipt of an e-mail delivery error a representative of County Bank will attempt to contact you to confirm your e-mail address and if we are unable to make contact your statements, notices and disclosures will be mailed to you at the address contained in your record.
- 7. Release from Agreement.** If we change the minimum hardware or software requirements, and you are unable to receive Electronic Delivery Service, you will be released from this agreement without any penalty or consequence to you.
- 8. Withdrawal of Consent.** Any authorized signer for the account(s) listed on this consent agreement may withdraw at any time the consent for electronic delivery services by sending written notice to the address provided below. A consent withdrawal will not be effective until we receive it and have a reasonable time to act upon it. Upon withdrawal, the documents will be sent in paper form to your address of record.
- 9. Reinstatement after Termination.** Following termination of the Electronic Delivery Service by either party, a new enrollment agreement will be required to reinstate this service.
- 10. Security.** Upon Transmission of the e-mail file to your e-mail address, you will have the sole responsibility for maintaining security of the e-mail including, but not limited to, your e-mail provider and users of your personal computer or computer network.
- 11. Indemnification.** You further agree to indemnify and hold us harmless from and against any and all loss, cost, damage, liability, or exposure (including reasonable attorney's fees) that we or you may suffer or incur as a result of the unlawful use, unauthorized use, or misuse by any person of any such e-mail or electronic delivery of statements, notices and disclosures. You shall bear entire risk for unauthorized use thereof whether or not you are negligent.

**Please Write Your Password\*:**

\_\_\_\_\_ (Must be alphanumeric, 7 character minimum, case sensitive, only one password is allowed per account)

This password covers the following accounts:

Checking Account Numbers\*

Savings Account Numbers\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* If you would like unique passwords for individual accounts, please file a separate Enrollment Agreement for each account.

**BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THIS ELECTRONIC ACCOUNT STATEMENT, CHECK IMAGE, NOTICES AND DISCLOSURES DELIVERY ENROLLMENT AND CONSENT AGREEMENT.**

\_\_\_\_\_ Customer Signature

\_\_\_\_\_ Customer Signature (if joint account)

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Printed Name (if joint account)

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ E-Mail Address

\_\_\_\_\_ E-Mail Address (2<sup>nd</sup> e-mail optional)

Accepted by: \_\_\_\_\_  
County Bank Employee Name

\_\_\_\_\_ Date

**Contact Us by Mail at:**

County Bank  
PO Box 207  
Sigourney IA 52591

**Phone and E-mail Inquiries:**

641-622-2525  
877-611-2525 (toll free)  
lmeier@yourcountybank.com

Please mail or hand-deliver this form to the County Bank office nearest you or to the address listed above. An e-mail sent to County Bank is not considered a secure transmission.

Reply e-mail with correct attachment information received on \_\_\_\_\_ and paper copy placed in contract binder.

Bank employee initial and date: \_\_\_\_\_