

Combined Statement Enrollment Form

Name and Address of Primary Account Holder

Primary Account Number _____ Date _____

I (we) hereby authorize The Clay City Banking Company to combine the accounts listed below into one statement that will be delivered (mail or e-mail) to the address of the primary account listed above. I (we) understand that in order to accommodate the printing of all account transactions, this request may require that the Bank make a change to the statement cycle of some of the secondary accounts so that it will match up with that of the primary account. I (we) also accept all responsibility for notifying the Bank should there be a change in ownership in these accounts that would warrant the removal of any of the secondary accounts from appearing on the same statement as the primary account. This authorization is to remain in effect until revoked by an account owner or authorized signer.

Account Number	Account Type	Account Owners

Customer Signature _____ Date _____

Customer Signature _____ Date _____

Customer Signature _____ Date _____

Employee Signature _____