



Email Statement Enrollment Form

Name of Customer: _____

Checking Account Number(s): _____

Savings Account Number(s): _____

Please list email address: _____ @ _____

Four Digit Pin Number: ____ - ____ - ____ - ____

By signing below, I agree to receive an email statement in place of a paper statement. I understand that I may cancel this request at any time by submitting my request in writing to Ohio Heritage Bank, PO Box 1000, Coshocton, OH 43812.

Customer's Signature

Date

Please send *fully* completed form to:
Ohio Heritage Bank
Email Statements
PO Box 1000
Coshocton, OH 43812