



SOLVAY BANK

Authorization for E-STATEMENTS

I authorize Solvay Bank to send me E-Statements and discontinue sending paper statements. This authority is to remain in force until Solvay Bank has received written notification from me (or either of us) of termination in such time and in such manner as to afford Solvay Bank a reasonable opportunity to act on it. Upon notification to the bank you may obtain a paper copy of your statement at a cost of \$2.00. Please send all written correspondence to 1537 Milton Ave Solvay, NY 13209 Attn: Customer Service Department.

Name 1: _____

Name 1 E-Mail Address: _____

Name 2: _____

Name 2 E-Mail Address: _____

Date: _____

Account Number:

Account Type

DDA SAV

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Delivery via MoneyLink 24

Delivery via BusinessAccess 24

Delivery via Secured PDF file

Signature 1: _____

Signature 2: _____

For Internal Use Only:

Date: _____

Initials: _____

E-STATEMENT PASSWORD INFORMATION

Note: Your password to retrieve your e-statements will be the first 5 characters of your email address plus the last 4 digits of your Social Security Number. The first 5 characters of your email address **MUST** be entered in UPPER case. (ex: JSMITH@ex.com with a SS# of 123-45-6789 would be JSMIT6789).