



E-Statements Enrollment Form

NOTE: Must be a Georgia Trust Bank customer to apply. Please complete all fields, sign, and return to the address below by mail, in person or by fax. Forms are also available at the bank.

Account Owner/Signer Information

Please provide information for each account owner or signer on the account (s) that will have access to the eStatements. All fields are required.

Name-Primary Account Owner/Signer

Name-Primary Account Owner/Signer

SSN

SSN

Email

Email

User Id (at least 6 characters long)

User Id (at least 6 characters long)

Daytime Phone

Daytime Phone

**Account Number(s) you would like to receive
E-statements for:**

**Initial here to have all accounts linked
to one e-statement.**

Security Questions: (only choose one)

1. In what city or town were you born? _____

2. What High School did you attend? _____

3. What is the name of your pet? _____

I (We, if joint account holder) give Georgia Trust Bank authorization to stop paper statements and receive electronic statements. I understand that I will no longer receive my statements by mail and will have to log into eStatements to retrieve statements for all accounts listed above.

Signature-Primary Account Owner/Signer

Signature-Joint Account Owner/Signer

Upon receipt of completed enrollment form, an E-Statements welcome email will be sent to the applicant (s) email address on file with Georgia Trust Bank. This will include your first time logon instructions and temporary password. GTB will try to accommodate requests for specific User ID's but in some cases will not be able to; we will notify customers to choose alternate ID's if necessary.

Return Application to:

Buford: GEORGIA TRUST BANK
PO Box 604
Buford, GA 30515
Ph. 770-614-7644
Fax. 770-614-7573

Kennesaw: GEORGIA TRUST BANK
PO Box 1477
Kennesaw, GA 30156
Ph. 770-426-0032
Fax. 770-426-5096

For Georgia Trust Bank use only:

Date Received _____ Date Processed _____ Processed By _____ Temporary Password _____



Member FDIC