



COMBINED STATEMENT SIGN UP FORM

Please print this form, sign and return to your local branch or mail to PO Box 6, Larchwood, IA 51241

Form with fields for DATE, ACCOUNT NAME, ADDRESS, PHONE NUMBER, PRIMARY ACCOUNT NUMBER, DATE STATEMENT PRINTS, and ACCOUNTS TO INCLUDE IN COMBINED STATEMENT.

I authorize Security Savings Bank to combine the accounts listed above into one statement that will be mailed to the address of the primary account listed above.

Customer Signature: _____ Date: _____

For Bank information:

Employee to verify the following:

_____ Mailing address is correct in Precision

_____ Phone number is correct in Precision

_____ Individual signing this form is named on each account listed above

Information taken by: _____ Date changes made: _____