

E-Statement Application



Caribbean Union Bank

Customer Information

Please ensure that you have read and agreed to the Financial Services Agreement. Completed applications can be faxed to our Customer Service Department, but originals must follow by direct delivery. Once your application is reviewed and approved we will email your temporary password to the address provided.

By signing below I/we authorize Caribbean Union Bank to issue a temporary password on my/our behalf, which I/we will be forced to change to a private password the first time I/we log on to the E-Statement Service.

By use of this services, I/we agree to the terms and conditions outlined in the **Financial Services Agreement** and such other amendments and modification thereto as may be made from time to time. I/we certify that I/we am/are authorized to sign on the accounts specified. I/we understand that I/we will submit my/our User Name and that I/we will keep it confidential at all times to protect access to my/our account information.

Account Name: Surname/Company (Block Capital Letters)

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First Name/Company (Block Capital Letters)

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Address _____

Tel No(s) _____

Fax No(s) _____

E-mail _____

User Name To Be Used _____

(Your User Name can be a combination of numbers, letters, and a minimum of four and a maximum of twelve characters).

My password may be sent by E-Mail _____

Signature _____ Date: ____/____/____

Signature _____ Date: ____/____/____

List Accounts To Receive E-Statement

Account Number	Type (Savings, Checking, Certificate of Deposit, Loan)

For Bank Use Only

Approved by _____ Date: ____/____/____

Entered by _____ Date: ____/____/____

Verified by _____ Date: ____/____/____

Comments: _____
