

## **E-STATEMENT AUTHORIZATION FORM**

**CLIENT NAME:** \_\_\_\_\_

**CLIENT ID:** \_\_\_\_\_ *(The Client ID is the first 7 digits of your ten-digit account number Beginning with zero e.g. if any one of your account numbers is 0101205376 your client ID is 0101205.)*

We hereby confirm that the person(s) below is/are the authorized contacts for receipt of e-statements on the following accounts.

**Select One:**

☐ All our accounts

☐ Indicated accounts \_\_\_\_\_  
*Please indicate the account numbers covered*

**NAME OF CONTACT PERSON(S)**

**OFFICIAL EMAIL ADDRESS**

**MOBILE PHONE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Select One Option:**

☐ The contact names, email addresses & mobile numbers above supersede any previous instructions held

☐ The contact names, email addresses & mobile numbers above are additional to previous instructions held

**If additional space is required, please attach a separate page, label, sign and date it.**

Each name appearing above or on any attachment hereto is hereby certified by the Customer.

\_\_\_\_\_  
AUTHORIZED SIGNATURE 1

\_\_\_\_\_  
AUTHORIZED SIGNATURE 2

\_\_\_\_\_  
AUTHORIZED SIGNATURE 3

DATE: \_\_\_\_\_