



BlackRidgeBANK

Electronic Statement Presentment
Authorization/Agreement

In this Agreement, "I, me and my" refer to the person or persons signing this Agreement. "Account" refers to the checking account which is listed below. "Bank" refers to BlackRidgeBANK.

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Primary Name (First, Middle, Last)

Secondary Name (First, Middle, Last)

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Street Address

City

State

Zip

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Daytime Phone

Evening Phone

E-mail Address

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Account Number

Account Number

1. I hereby authorize BlackRidgeBANK or its authorized agent to send my bank statements and disclosures to me electronically. I also agree that this authorization remains in effect until revoked by me, in writing.
2. I understand that upon receiving electronic statements, further delivery of my statement via U.S. Mail will cease. I agree that BlackRidgeBANK will have acted reasonably if the bank attempts to deliver electronic statements and disclosures and if that communication comes back as non-deliverable, that the bank will send my statements and disclosures in printed form to the physical address on file with the bank.
3. I understand that Adobe Acrobat reader version 7.0 or higher will be needed to view electronic statements.
4. I hereby agree to review and approve of all user terms and conditions relative to authorized use of and confidential requirements of this product.
5. I agree to keep BlackRidgeBANK informed of any e-mail address changes or physical address changes by writing to the Bank via U.S. mail or stopping into any of the BlackRidgeBANK branch offices.

Primary Name Signature

Secondary Name Signature

BlackRidgeBANK

4040 42nd St. SW
Fargo, ND 58104
701.364.9050

3703 Lockport St.
Bismarck, ND 58503
701.751.3300

MEMBER FDIC