



VIST BANK

Please print this application and either mail to the address below or visit one of the nearest financial centers.

E-Statement Application

In order to begin E-Statement, you must complete and sign this form and Have a current email address. Drop form off at any VIST Financial Center office, or mail to: VIST Bank, Attn: Customer Service, P.O. Box 741, Leesport, PA 19533.

ACCOUNT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____

List Deposit/Savings Account Number(s) for email delivery (if name is different than above on account, please use separate form):

Note - Existing combined statements will continue to be combined when sent to you via E-Statement.

E-MAIL ADDRESS: _____

*PASSWORD (4-8 CHARACTERS)

Note - Please remember this password. You will need it each time you access your statement, even after you've saved it in your computer files.

DISCLOSURE

As direct owner of the account(s) referenced above, I agree and request to receive my monthly or quarterly deposit statement via e-mail. I understand that if I receive my statement via e-mail, I will not receive a paper-based statement. I understand that if I change my e-mail address, I shall notify VIST Bank in writing through the U.S. Mail or in person at a VIST financial center office. If I fail to notify VIST Bank of my new e-mail address, I understand there may be a delay in getting my statement. Incorrect e-mail addresses will result in a statement being mailed by U.S. Mail.

Hardware and Software Requirements - Internet Access, E-mail software, Adobe Acrobat Reader version 5.0 or higher (can be downloaded for free from the Adobe website www.adobe.com). DSL advisable for business customers or customers with large volume statements for best results.

* I understand the statement information I receive via e-mail will be password-protected for my security. The bank assumes no liability for any unauthorized viewing of the statement.

Please Note - Prior to receiving your first electronic statement you will receive an e-mail confirmation of your request. You must reply to this confirmation prior to your statement being sent electronically.

By signing below, you understand the terms and conditions in this disclosure/agreement. This request shall remain in full force until revoked in writing received through the U.S. Mail or at a financial office.

SIGNATURE(S) OF ACCOUNT HOLDER(S):

DATE:

INTERNAL USE ONLY

E-Mail confirmation request sent to client: Date: _____

By: _____

E-Mail confirmation received from client: Date: _____

By: _____