



COMBINED STATEMENT ENROLLMENT FORM

Date: _____

Name: _____

Address: _____

TIN: _____

Primary Account: _____

Account Type: CHECKING SAVINGS CHRISTMAS CLUB*

Secondary Accounts: _____

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The method in which you receive your periodic statements will not change (Email or Postal Service). Once enrolled in Combined Statements, all of the above listed periodic statements are sent together. This service can be cancelled at anytime by contacting the bank at (270) 965-1840.

**Christmas Club must be automatically deducted without use of Payment Coupon Books. Account number must not change each year.*

Customer Signature

Date

**Form Must be submitted to Farmers Bank and Trust Company by:
Delivering to any of our locations or Mailing to Farmers Bank and Trust Company,
PO BOX 151, Marion, KY 42064-0151 Attn: E-Services**

OFFICE USE ONLY

Employee Taking Form: _____

Entered by: _____

Cancellation of Combined Statements

Date: _____