



# Statement Opt-Out Form

Mark any/all you would like to opt out of:

- I would like to opt out of receiving Metro Medical Media email blasts
- I would like to hold my statements for pick up at the \_\_\_\_\_ branch\*
- I would like to opt out of receiving my statements\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Primary Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if any)

\*Members ages 18 and over with aggregate deposit balances of less than \$50,000 will be assessed a \$2.00 Paper Statement Fee per statement cycle.

\*\*Choosing this option will not automatically opt you into eStatements, you must sign up for eStatements in Virtual Branch.