



CD-ROM Statement Request Form

Customer Name _____

Business Name _____

SS# / TIN# _____

Mailing Address _____

City _____ State _____ Zip code _____

Phone _____

Account(s) to be included on CD-ROM

Account Number _____ Type (check one) checking savings

Account Number _____ Type (check one) checking savings

Account Number _____ Type (check one) checking savings

By signing below, the undersigned requests the described services and agrees to the terms and conditions governing the services. Customer will not receive a paper statement once CD-ROM statement goes into effect.

(Signature)

(Date)

Please bring your completed form to your favorite Heartland Bank office or mail it to:

Heartland Bank and Trust Company
ATTN: Dan Cottone
PO Box 67
Bloomington, IL 61702-0067

Questions? Call us toll-free at 888-897-2276. *We're here for you!*