



Trust & Integrity Since 1898

NO MAIL REQUEST

NAME: _____
(Please Print)

ACCOUNT NUMBER: _____

The undersigned, holder of Account Number in **Liberty Bank for Savings** (the "Bank"), hereby requests that no communication of any kind be mailed in connection with the above account number. This request does not include those notices required by law to be mailed to me pursuant to appropriate State and Federal laws and regulations, or when the Bank is served with a Levy, Summons, Citation, Garnishment, or any other legal process, and demand for account information or funds.

Notices required to be sent to me in connection with the above exceptions shall be mailed by U.S. first class mail to the address shown on the account records of the Bank.

- I understand that I voluntarily waive all other notices required to be given to me
- I understand that these notices shall be held for me at the office where this account was originated
- I will come into the office where the account was originated at least once each year, and during the period from January 21 through January 30 for the purpose of picking up my IRS forms
- This request shall remain in full force until revoked in writing

This request shall automatically be void when these conditions are met:

- Failure to pick up notices and communications within a 6 month period
- If the account is a checking product, and the account is overdrawn more than 3 times within 30 days

Thereafter, all notices and communications will be mailed to me.

SIGNATURE: _____

DATE: _____

Received by:

EMPLOYEE NAME: _____

DATE: _____

CANCELLATION OF NO MAIL REQUEST

You are directed to cancel this request for no mail relative to the above account. Communications of any kind may be mailed as of this date.

SIGNATURE: _____

DATE: _____

Received by:

EMPLOYEE NAME: _____

DATE: _____