



e-Document Release Form

Date of Request: _____

Customer Name: _____

Designated Recipient: _____

Recipient Phone #: (_____) _____

Recipient Email Address: _____

Accounts to Release

Account Type	Account Number

By directing Kentucky Farmers Bank to release eDocuments on the above listed account(s), the account holder agrees to hold Kentucky Farmers Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the account holder may suffer or incur by reason of improper use of the above account(s) statements by the non-account holder. By signing below, I attest that I am an account owner, or otherwise have authority to act on the identified account(s) in this release. I have read this statement in its entirety and attest that the information provided on this release is true and correct.

Signature of Primary/Joint Account Holder

Date

Signature of Kentucky Farmers Bank Employee

Date

REVOKATION OF DOCUMENT RELEASE

_____ By checking this box, I revoke the above authorization releasing my eDocuments to a non-account holder. From this date forward, eDocuments should only be released to the authorized account holder.

Signature of Primary/Joint Account Holder

Date

Bank Use Only

Maintenance performed by: _____

Date: _____

Maintenance performed by: _____

Date: _____