Grand Savings Bank
Extreme Banking

Electronic Withdrawal of Consent form

To: Grand Savings Bank

By my signature below, I am withdrawing my consent to receive e-statements on the following account:

Account # _____

I understand that by withdrawing my consent, my participation in the Extreme Checking account will be immediately terminated and any unpaid accrued interest will be forfeited. My Extreme Checking account will be converted to one of the following account types (please check):

- o Priceless Checking
- o Now Checking
- o Prime Time Checking
- o Grand Traveler Checking Suite
- o Other _____

_____

Account Holder Name Date

_____

Bank Representative Date

Bank Use Only:

CIF# _____

SS# _____