



CO-OPERATIVE BANK

We are you

E-STATEMENT SUBSCRIPTION FORM

To enable us provide better services to you, please provide us with the following details.

ACCOUNT NAME:.....

Address

Town..... Code.....

Phone Number

Account Number (s).

Frequency (Tick one)

Daily weekly Monthly

Daily weekly Monthly

Your official e-mail address

Signed by Authorised signatories

Name

Signature

Date

3.....

4.....

Thank you for helping us serve you better