



MARINE BANK

COMBINED STATEMENT APPLICATION

Customer Name: _____ Date: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Please combine the statements for the following accounts:

1) Checking Account: _____ Savings Account: _____

2) Checking Account: _____ Savings Account: _____

3) Checking Account: _____ Savings Account: _____

4) Checking Account: _____ Savings Account: _____

5) Checking Account: _____ Savings Account: _____

6) Checking Account: _____ Savings Account: _____

7) Checking Account: _____ Savings Account: _____

8) Checking Account: _____ Savings Account: _____

Customer Signature: _____ Date: _____

Please Forward the completed form to:

By Mail:

Marine Bank
Attn: Personal Banker
3050 Wabash Ave
Springfield IL 62704-6413

By Email:

support@ibankmarine.com

By Fax:

217-726-0649