

eStatement Opt Out

Member Na	ame:	
Member Nu	umber: Member SSN:	
By signing the only wa	e that due to Federal Law I must receive a statement from my financial institution. this form, I recognize that I will only receive paper statements (some fees may apply). I also re ay to start receiving eStatements again or for the first time, I must fill out an "Opt-In eStateme o Private Teller, but will not receive e-statements. I agree to paper statements and the fees tha	ent" form. I may
Signature: _	Date:	
	IN-OFFICE USE ONLY	
	Please initial and date below to confirm that the member has been removed. Please image the form and forward directly to the Operations Department for processing.	
	Staff Member Initials: Date:	
	Member has been removed from the eStatement list:	

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.