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ELECTRONIC STATEMENT ENROLLMENT FORM

Member Name _____

Membership # _____

By signing below, I signify that I wish to receive my monthly/quarterly credit union account statements via e-mail. By selecting this option, I understand that I will no longer receive a paper statement of my credit union account activity via the mail. I understand that my statement will be made available to me electronically by the 7th day of the month following the period ending date of my statement. I also understand that the credit union will notify me via e-mail as to the availability of my statement each period. It is my understanding that the files used for transmission of my statement will not be used for marketing or any other purpose, nor will they be shared with any third party vendor or other entity. I further understand that in the event that I need to request a paper copy of my statement from the credit union, my account will be charged at the rate of \$2.00 per copy.

Please provide the e-mail address at which you wish to be notified of the availability of your statement each period:

Signature: _____ **Date** _____

(For Credit Union Use Only)

Statement Type (**circle one**): Monthly (2) Quarterly (4)

Indicate Suffixes : _____

Date Statement Run Codes Changed: _____

Staff Initials: _____