



Request Statement Copy Form

(Today's Date)

(Member's First and Last Name)

(Member Number)

(Social Security Number)

(E-Mail Address)

Statement Date or Range

Statement Date: _____
(mm/yyyy)

Statement Range: _____ to _____
(From: mm/yyyy) (To: mm/yyyy)

Fee Deduction

Please check the account that this fee should be deducted from (If no selection is made, the fee will be deducted from your checking account).

Share (Savings) Account Share Draft (Checking) Account

I agree that my account will be debited for this service.

How would you like to receive your copies (check one)?

Mail Fax _____
(Fax Number)

Branch _____
(Premier FCU Branch Location)

An employee of the credit union may contact you to verify certain information concerning your request. Please be sure to list your daytime phone number above.

X _____
(Authorized Signature)

Please review the information above for accuracy, then sign. You may fax the signed form to 336.379.3506, mail it to Premier Federal Credit Union at PO Box 26590, Greensboro, NC 27415-6590, or stop by any Branch Location. The Credit Union must have this form hand delivered, mailed or faxed before your request can be processed. If this request is sent by fax, an employee of the credit union may contact you to verify the information before making any changes to your account.

The Premier Difference...experience it! SM