

NO MAIL ON ACCOUNT

I, _____, request that no mail be sent on account number _____. I understand by signing this form I will have a mail restriction placed on my account until the Credit Union receives additional instructions. I further understand that I am still obligated under Regulation E to notify the Credit Union of any disputed transactions within 60 days of the date the statement would have been mailed.

Members Signature

Date

FSR Name

Branch

Cancellation

Please remove the no mail restriction placed on the above account.

Members Signature

Date