



Statement Request Form

Please fill in all information, print this form, sign and date it and fax it to the Operations Department at 413-750-5770.

First & Last Name: _____

Street Address: _____

City, State, Zip: _____

Member Number: _____

I request a copy of my statement for the following month(s) and year(s):

Month: _____ Year: _____

Month: _____ Year: _____

Month: _____ Year: _____

I understand that there may be a fee associated with this request which will be automatically deducted from the account I have indicated above, and that I have read the [Fee Schedule](#).

Signature _____ Date _____

Please note: The statement you have requested must be sent to your address of record for this account. If your address has changed, fill out an address change form before you request copies.

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. National Credit Administration, a U.S. Government Agency. We do business in accordance with the Federal Fair Lending Laws. Member of the [Massachusetts Credit Union Share Insurance Corporation](#).



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