Discontinue Paper Statement and e-Statement Cycle Change Form

To discontinue your paper statement, complete and sign this form.
Drop off the completed form at your nearest Access Credit Union
branch, fax to 204.331.4526, or scan and email to: estatements@accesscu.ca

If you need any help or have questions, please call or visit your Access Credit Union branch
or call toll free 1.800.264.2926.

Discontinue Paper Statement

Please stop sending me paper statements on the following Access Credit Union accounts:

☐ All of my single accounts (accounts on which I am the only owner)

☐ All of my joint accounts with* _____

Primary Account Numbers

Please print names of all owners on these accounts. For accounts that require more than one signature, All required signers must sign below.

Change e-Statement Cycle

You now have the ability to change the date on which your Access Credit Union
e-Statement is issued. Please check your desired date of issue (check one only):

☐ 12th   ☐ month-end

I agree that it is my responsibility to examine and verify all transactions processed through my account(s). I also agree to examine the details of all accounts, including loans and investments, that I have with Access Credit Union. Notwithstanding any time limit set out in the Membership Application and Account Agreement, I will report any errors, omissions, unauthorized transactions or charges within 30 days of posting my e-Statement to my internet banking site.

I will be responsible for the accuracy and validity of any pre-authorized debits from my account(s) unless I report any errors within the applicable period (90 calendar days for pre-authorized debits on my personal accounts).

If I have not reported an error, omission or unauthorized transaction, within the times set out above, I will not have a claim against Access Credit Union.

I have authority to sign on behalf of this/these account(s) and to bind others on the account(s). Wherever the terms "I", is used, it means the person or persons who are owners on this/these account(s).

Member's Name	Member's Signature	Member Card (16-Digit #)
Joint Account Holder's Name	Joint Account Holder's Signature	Member Card (16-Digit #)
Joint Account Holder's Name	Joint Account Holder's Signature	Member Card (16-Digit #)
Date (month/day/year)		

The signature of the member must in all cases be obtained unless specific documentation is filed with the Credit Union giving authority to an attorney. In the case of accounts that require more than one signature, all required signers must sign this form.

OFFICE USE ONLY - BRANCH			**OFFICE USE ONLY - BANKING DEPT.**	
Received Date (MM/DD/YYYY)	Branch	Employee	Date Processed (MM/DD/YYYY)	# of statements suppressed

Rev. 03/12