# Statement Copy Request Form

Please complete the form below including the information for the statement copies you need to receive including the name of your CU, your name, your fax number and today's date. Fax the completed form to the Operations Team at1-616-285-5702. Please allow us 24 hours to process the request and fax statement copies back. If you have any questions, please call us 1.800.327.3478x132 or send an e-mail to MediaOperations@cuanswers.com.

CU NAME: _____

REQUESTED BY: _____

RETURN FAX NUMBER: _____

DATE OF REQUEST: _____

DATE NEEDED: _____

| Date | Account Number | Account Name | Statement Date(s) Required |
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REQUEST COMPLETED BY: _____

DATE: _____