



HealthShare
CREDIT UNION

Member Information

Members First and Last Name

Today's Date

Account Number

Phone Number

NO STATEMENT GENERATED - NOTICE

I do NOT want to receive a paper copy or eStatement on my account. I understand that the credit union will charge me a fee if I should need a copy of a statement.

If the credit union needs to reach me, please contact me via:

_____ Phone / Email / Mail (Circle One)

I would like this change to take effect as of _____.
(Date)

X _____
Member's Signature

Please review the information above for accuracy, then sign. You may fax the signed form to (336) 832-8129, mail it to HealthShare Credit Union 1200 North Elm Street, Greensboro, NC 27401, 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, it is your responsibility to contact the credit union to verify the request was received and processed.