



Discontinue Paper Statement Agreement

Print this form. Complete and sign it. If you require help, contact us at: 204-746-2355. You may drop it off at the Credit Union OR 1) Fax it to: 204-746-2541 OR 2) Scan the completed form and email it to: info@rcu.ca

Change of Statement Cycle - You now have the ability to change the date on which your Rosenort Credit Union e-statement is issued. Please check your desired date of issue (check one only): 15th Month end

Please discontinue issuing paper statements to me on the following accounts:

- All of my single accounts (accounts on which I am the only owner): # _____ # _____
- All of my joint accounts with*: # _____ # _____ # _____ # _____

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

Email address: _____

I agree that it is my responsibility to examine and verify all transactions processed through my account(s). I agree to examine the details of all accounts, including loans and investments, that I have with the Credit Union. Notwithstanding any time limit set out in the Membership Application & 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 the 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 accounts(s).

Dated: _____

* Member's Name (Please Print)

Member's Signature

Member Card (16-Digit #)

* Joint Account Holder's Name (Please Print)

Joint Account Holder's Signature

Member Card (16-Digit #)

* Joint Account Holder's Name (Please Print)

Joint Account Holder's Signature

Member Card (16-Digit #)

* Attorney's Name (If Applicable)

Attorney's Signature

* 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.