ALABAMA credit union

STATEMENT REQUEST FORM

Name _____

Account number _____

Address _____

City, State, ZIP _____

Home phone number (_____) _____-_____

Work phone number (_____) _____-_____

Email address _____

For which period(s) do you need account statements?

Month	*Year*

Signed: _____

(Must be signed by account owner.)

Please print legibly or type. When completed, mail or fax to:

Alabama Credit Union, P. O. Box 862998, Tuscaloosa, AL 35486-0027; Fax 205-348-3892

For credit union use only:

___ Account address verified _____ Fee charged $_____

Completed by: _____ Date: _____