

AGREEMENT
Discontinue Paper Statement



Print this form. Complete and sign it. If you require help, contact us at (1-866) 269-1903. Drop it off at any Sanford branch, fax it to (1-204) 736-4108 or mail it to Sanford Credit Union, Box 147, Sanford, Manitoba R0G 2J0.

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

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

All of my joint accounts with

*

 (PLEASE PRINT)

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

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 Sanford Credit Union. Notwithstanding any time limit set out in the Member Account Agreement, I will report any errors, omissions, unauthorized transactions or charges within 30 days of the posting of my E-statement to CU@HOME Internet banking.

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 any errors, omissions or unauthorized transactions, within the times set out above, I will not have a claim against Sanford Credit Union.

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

_____ X * MEMBER'S NAME (PLEASE PRINT)	_____ X MEMBER'S SIGNATURE	_____ X MEMBER CARD (16-DIGIT NUMBER)
_____ X * JOINT ACCOUNT HOLDER'S NAME (PLEASE PRINT)	_____ X JOINT ACCOUNT HOLDER'S SIGNATURE	_____ X MEMBER CARD (16-DIGIT NUMBER)
_____ X * JOINT ACCOUNT HOLDER'S NAME (PLEASE PRINT)	_____ X JOINT ACCOUNT HOLDER'S SIGNATURE	_____ X MEMBER CARD (16-DIGIT NUMBER)
_____ X ATTORNEY'S NAME (IF APPLICABLE)	_____ X ATTORNEY'S SIGNATURE	
_____ X DATE (MM/DD/YYYY)	_____ X MEMBER'S EMAIL ADDRESS	

*** The signature of the member must in all cases be obtained unless specific documentation is filed with Sanford 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

_____ RECEIVED DATE (MM/DD/YYYY)	_____ DATE PROCESSED (MM/DD/YYYY)	_____ MEMBER NUMBER
_____ EMPLOYEE CASH BOX NUMBER	_____ ACCEPTED BY SANFORD CREDIT UNION	