

AGREEMENT Discontinue Paper Statement



Print this form. Complete and sign it. If you require help, contact us at 204.365.4700. Drop it off at any branch or fax it to 204.365-4710.

Please discontinue issuing paper statements to me on the following Strathclair CU 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.

Please complete a separate form for any single or joint accounts you are currently receiving separate statements.

The first account # on my statement is: _____
(12 digits)

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, registered plans, and all other investments, that I have with Strathclair 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; 10 calendar days for pre-authorized debits on my business 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 Strathclair 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).

*Member Name <i>(PLEASE PRINT)</i>	X
	Member's Signature
*Joint Account Holder's Name <i>(PLEASE PRINT)</i>	X
	Joint Account Holder's Signature
*Joint Account Holder's Name <i>(PLEASE PRINT)</i>	X
	Joint Account Holder's Signature
Attorney's Name	X
	Attorney's Signature
Date <i>(MM/DD/YYYY)</i>	

* 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.

OFFICE USE ONLY

RECEIVED DATE (MM/DD/YYYY)	DATE PROCESSED (MM/DD/YYYY)	MEMBER NUMBER