



CALIFORNIA ADVENTIST FEDERAL
CREDIT UNION
 1441 E CHEVY CHASE DRIVE
 GLENDALE, CA 91206
 PH# (818)246-7241
 FAX# (818)240-5809

STATEMENT REQUEST FORM

TODAY'S DATE: _____ ACCT#: _____

MEMBER'S NAME : _____

LAST 4 OF SSN# : _____ DOB : _____

FORM OF PAYMENT: CASH ACCT. WITHDRAWAL

\$45.00 CHARGE PER QUARTERLY STATEMENT (shows savings accounts only)

\$25.00 CHARGE PER MONTHLY STATEMENT (shows savings & checking accounts)

PLEASE REGENERATE STATEMENTS FOR THE QUARTERS OF:

Please check all that apply and write the year for statements you are requesting on the line following the months.

- | | |
|--|---|
| <input type="checkbox"/> JANUARY-MARCH _____ | <input type="checkbox"/> JULY - SEPTEMBER _____ |
| <input type="checkbox"/> APRIL - JUNE _____ | <input type="checkbox"/> OCTOBER - DECEMBER _____ |

PLEASE REGENERATE STATEMENTS FOR THE MONTHS OF:

Please check all that apply and write the year for statements you are requesting on the line following the month.

- | | |
|---|--|
| <input type="checkbox"/> JANUARY _____ | <input type="checkbox"/> JULY _____ |
| <input type="checkbox"/> FEBRUARY _____ | <input type="checkbox"/> AUGUST _____ |
| <input type="checkbox"/> MARCH _____ | <input type="checkbox"/> SEPTEMBER _____ |
| <input type="checkbox"/> APRIL _____ | <input type="checkbox"/> OCTOBER _____ |
| <input type="checkbox"/> MAY _____ | <input type="checkbox"/> NOVEMBER _____ |
| <input type="checkbox"/> JUNE _____ | <input type="checkbox"/> DECEMBER _____ |

TOTAL: \$ _____

MEMBER SIGNATURE _____