



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

**\$75.00 CHARGE PER QUARTERLY STATEMENT** (shows savings accounts only)

**\$35.00 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.

JANUARY-MARCH \_\_\_\_\_       JULY - SEPTEMBER \_\_\_\_\_

APRIL - JUNE \_\_\_\_\_       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.

JANUARY \_\_\_\_\_       JULY \_\_\_\_\_

FEBRUARY \_\_\_\_\_       AUGUST \_\_\_\_\_

MARCH \_\_\_\_\_       SEPTEMBER \_\_\_\_\_

APRIL \_\_\_\_\_       OCTOBER \_\_\_\_\_

MAY \_\_\_\_\_       NOVEMBER \_\_\_\_\_

JUNE \_\_\_\_\_       DECEMBER \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_