

Request for Service-----Fax Completed form to 315 470-5633 or Return in Person

MEMBER NAME: _____ ACT# _____ Employee # _____

Address _____

City/State/Zip _____

PHONE#: Day () _____ Evening () _____

How may we help you?

Check appropriate Box:

- New Pin #
- Replacement Card
- Close Member Account
- Address Change
- Stop Payment
- Copy of Statement
- Dispute/Question a transaction
- Wire Transfer
- Purchase a Certificate of Deposit
- Reorder Checks
 - o Changes Y N (Include reorder slip)
- Pin will not work
- Card does not work
- Close Checking Account
- Change Name on Account(s)
- Copy of Check
- Authorize a Debit Transaction
- Authorize a CREDIT Transaction
- Western Union

DESCRIBE QUESTION OR REQUEST IN DETAIL:

Which accounts do you maintain at Credit Union? Circle Please

Savings Checking Club Credit Card ATM Debit Card Loan(s) Certificate of Deposit

(WHO,WHAT,WHY,WHERE,WHEN , AMOUNTS

Include Act # -Type of Act). Use a separate sheet if necessary. Include any pertinent documents.

Please deliver this form by fax or directly to the Credit Union . Please review the back of this form for details concerning error resolution. **The Member Service Representative will give you time estimates** concerning your **question or request**. Some requests for service related issues might incur a fee. Please ask for details or review fee schedule. By signing this form you agree to fees that may be imposed.

Member Signature _____ Date _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet of paper at the address shown in the upper left corner on the reverse side of the statement as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not reserve your rights.

In your letter, give us the following information:

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Each loan marked* is an open-end loan. The balance used to compute finance charge on open-end loans is the unpaid principal balance. On the date an advance is taken, the amount of the advance is added to the unpaid principal balance. On the date a payment is made, the finance charge and any late charges due are deducted from the payment amount and the remainder, if any, is subtracted from the unpaid principal balance. The Annual Percentage Rate is shown after each loan. The Finance Charge is computed by multiplying the unpaid balance by the daily periodic rate (at the equivalent annual percentage rate) applied to the unpaid loan balance at the time of the loan payment for the period that balance was out- standing.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write or telephone us at the address shown in the upper left corner on the reverse side of the statement as soon as you can. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will re-credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

Credit Union Use Only Reference/Track # <hr/> Member Rep Initials _____
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Staff Notess _____ _____ _____ _____ _____ _____ _____

Completed By _____ **Date** _____ **Record authorization numbers,confirmation #, Contact person, important phone number(s) or any other important information)**