Credit Union Use:

Referred

Date to be

Credit Union Actions:

Credit Union Use:

Stop payment

| Type of Stop | | |
|----------------|-----------------|----|
| Check/Draft/ M | Ioney Order/ACH | |
| Check # | Series From | To |

Amount (s) \$ Date _____ Payable to:_____

- Trace Numbers
 - □ ACH items member must include copies of correspondence to company concerning the stop.

Copy of Item/Statement(s)

- Account#_____
- □ Check(s) #_____
- **Type of Check or** Account_____ Dates
- Trace Numbers

To order new Checks/Drafts

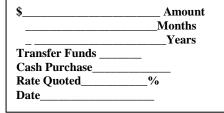
- Last Check #
- □ Changes Yes or No

Systems to Update: System Date Updated By Whom Member Master Loan File Checking File Credit Card File Co-Op/FIS Client Link Extra Net Harland Clarke Signature Cards ID Scanned Return Mail Notes on Account

to:

completed_____

Certificate Purchase



Wire Request (In or Out) **Complete separate form**

Forms/ 1411 Service Request 022015

Service Request

May We Help You?

| Act# | Employee # | | |
|--|-------------------------|--|--|
| Member | | | |
| Name: | | | |
| Street | | | |
| Address | | | |
| City/State/Zi | р | | |
| | | | |
| H | low Can we Contact you? | | |
| H Phone#: | low can we contact you? | | |
| Phone#: | low Can we Contact you? | | |
| Phone#: Day()_ | | | |
| Phone#: Day ()_ Evening (| | | |
| Phone#: Day ()_ Evening (Email Your Card |) | | |

Describe your request or question in detail on the next page.

Use a separate sheet if necessary.

Include any pertinent documents. Please deliver this form to the Credit Union Member Service Representative or fax to 315 -425-7283.

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. OR complete this form. 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.

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 or complete this form.. 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.

Tell us how we can help you?

Check appropriate Box:

- □ Address Change
- □ Name change

Is the new information listed on this form? Yes or No Name change list previous name

(ID update-Signature Card Required)

Vacation Notification

Dates of Travel______
Where_____

Card Type (s)_____

Card Problems:

- □ Forgot Pin # or Pin will not work
- □ Need a Replacement Card
- \Box Card does not work
- □ Lost/Stolen Card
- \Box Denied for a transaction

Checking Questions:

- \Box Copy of Check
- □ Stop Payment
- Reorder Checks
- Next Check #_____

General

- □ Copy of Statement
- □ Dispute/Question a transaction
- □ Purchase a Certificate of Deposit
- □ Authorize a Debit/Credit
- □ Close Account
- □ Other_____

Provide More Details to your request

| | | |
|--|------|--|
| | | |
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| | | |
| | | |

Types of Services with us

Loan
 Savings/Checking
 Home Banking
 Bill Pay

Please review this form for details concerning error resolution. The Member Service Representative will give you time <u>estimates</u> concerning your question or request. Some requests for service related issues might incur a fee. Please ask for details.

| V | |
|---|--|
| Λ | |

Your Signature

Date

X

Date

Staff Signature

Fee Estimate Quoted (if any)

Time Frame for completion (if quoted)