

Credit Union Use:

Referred to: _____

Date to be completed _____

Credit Union Actions:

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 | | |

Credit Union Use:

Stop payment

Type of Stop
 Check/Draft/ Money 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 _____

Certificate Purchase

\$ _____ Amount
 _____ Months
 _____ Years

Transfer Funds _____
 Cash Purchase _____
 Rate Quoted _____ %
 Date _____

**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/Zip _____

How can we contact you?

Phone#: Day () _____

Evening () _____

Email _____

Your Card # _____ Type _____

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
- Card does not work
- Lost/Stolen Card
- Denied for a transaction

Checking Questions:

- 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

Types of Services with us

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Loan | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Savings/Checking | <input type="checkbox"/> ATM/Debit CD |
| <input type="checkbox"/> Home Banking | <input type="checkbox"/> Bill Pay |

Please review 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.

X

Your Signature

Date

X

Date

Staff Signature

Fee Estimate Quoted (if any)

Time Frame for completion (if quoted)
