

I would like to participate in the MSA Federal Credit Union's E-Statement Program. I understand that by signing this E-Statement Application, I give MSA Federal Credit Union authorization to stop the mailing of my monthly / quarterly paper statements.

Please fill out, sign, date and return by fax (724.776.8802) or by mail to: MSA Employees FCU
1000 Cranberry Woods Drive
Cranberry Twp, PA 16066

Account Number(s): _____ E-mail Address: _____

Name (please print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Social Security #: XXX-XX-_____ Birth Date: _____

I would like to receive my statements electronically Yes _____ No _____

Signature: _____ Date _____