

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 (412.967.3305) or mail to:
MSA Employees FCU PO BOX 426 Pittsburgh PA 15230

Account # (s) _____ E-mail Address _____

Name (Please print) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Social Sec. # XXX-XX-_____ Birth Date _____

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

Signature _____ Date _____