

## **Opt-in to Paper Statements**

Please provide the following information so we can process your request to return your account to paper statement delivery.

## **Opt In Paper Statement**

Name:		
Account #:		
E-mail address:		
Phone number:	-	
If at any time you wish to return to receiving your statements el credit union.	ectronically, please contact the	
I will receive my statements by postal mail beginning with my next statement cycle.		
Signature: Primary Member (Required)	Date:	
Signature: Joint Owner	Date:	

Please print, sign and return the completed form to one of West Branch Valley Federal Credit Union's branch locations in person or mail to:

## West Branch Valley Federal Credit Union 1640 High Street Williamsport, PA 17701 (570) 323-9407 or (800) 326-9539

For Office Use Only

Processed By:	Date