

I would like to participate in the Western New York Federal Credit Union
E-Statement Program

Account # _____ E-mail Address _____

Name (Please print) _____

Street Address _____

City _____ State _____ Zip code _____

Home Phone _____ Birth Date _____

I would like to receive my statements electronically Yes _____

IF YOU CHECK YES, YOU WILL NOT GET A PAPER STATEMENT.

Please print this form, sign and drop off or mail to:

WNYFCU
7 Willowdale Drive
West Seneca, NY 14224

Signature _____