



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: operations@cafcu.net

Website: www.cafcunet

STATEMENT REQUEST

MEMBER'S NAME : \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ ACCT#: \_\_\_\_\_

LAST 4 OF SSN# : \_\_\_\_\_ DOB: \_\_\_\_\_

FORM OF PAYMENT:  CASH  ACCT. WITHDRAWAL

\$75.00 CHARGE PER QUARTERLY STATEMENT (shows savings accounts only)

\$35.00 CHARGE PER MONTHLY STATEMENT (shows savings & checking accounts)

PLEASE REGENERATE STATEMENTS FOR THE QUARTERS OF:

Please check all that apply and write the year for statements you are requesting on the line following the months.

- Checkboxes for JANUARY-MARCH, APRIL - JUNE, JULY - SEPTEMBER, OCTOBER - DECEMBER with blank lines for year.

PLEASE REGENERATE STATEMENTS FOR THE MONTHS OF:

Please check all that apply and write the year for statements you are requesting on the line following the month.

- Checkboxes for JANUARY through DECEMBER with blank lines for year.

TOTAL: \$\_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_