

## E-Statement Authorization Form

Please print out this form and use ink to supply the appropriate information and signature(s).

Security Federal Credit Union account number you wish to receive statements for:

--	--	--	--	--	--

I use Security's ATM Card     Yes    No                      I use Security's 24-Hour Telephone Account Access     Yes    No  
(audio phone system)

By signing below, I agree to the terms and conditions of the [Electronic Services and Electronic Funds Transfer Disclosure](#). I also understand that anyone with whom I share my PIN and Password shall be considered an Authorized User and have access to my E-Statements. I must inform the credit union of any changes to my email address.

Print Account Owner Name	Account Owner Signature	E-mail address
Print Account Owner Name	Account Owner Signature	E-mail address

*Mail, fax, deliver completed form to:*  
**Security Federal Credit Union**  
P.O. Box 5160  
Flint, MI 48505-0160  
Fax: 810-235-2459

You will be notified via email when your statement is available. Your E-Statements will begin with your next statement period.

E-Mail Address: \_\_\_\_\_