Taleris Credit Union, Inc.



Cancellation of E-Statement Agreement

| Joint Accounts require the signatures of all owners | |
|--|---|
| e-mail address | |
| Account # | |
| Primary Member First & Last Name (Please Print)_ | |
| Secondary Member First & Last Name (Please Prin | nt) |
| Other Member First & Last Name (Please Print) | |
| Street Address | |
| City, State, Zip Code | |
| Phone Number | |
| Please begin mailing paper statements to me on a statement to be printed in my statement cycle, and this statement. | |
| If Taleris Credit Union receives this agreement by t the paper statement for that month. If we receive the month, you will receive your paper statement the fo | his agreement after the 20 th of the |
| Primary Member Signature | Date |
| Secondary Member Signature | Date |
| Other Member Signature | Date |
| Please mail this form to: | |
| Member Services Department Taleris Credit Union, Inc. P.O. Box 318072 Cleveland, Ohio 44131-8072 | |