

City of Boston Credit Union Statement Request Form

Print this form, mail completed and signed form to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201 or fax to (617) 635-3168.

MEMBER INFORMATION (Please Print)

Member Number _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

STATEMENT INFORMATION

Statement Date

Month _____ Year _____

Or Statement Range

From: Month _____ Year _____ To: Month _____ Year _____

How would you like to receive your copy(ies)? (choose one)

Mail (to address on file only) _____ Pick-Up: City Hall/Dorchester/West Roxbury Fax to # _____

Member Signature: _____ Date: _____

Form must be signed by member, signature will be verified.

