

## eStatement Authorization

Name \_\_\_\_\_

Email address \_\_\_\_\_

Date \_\_\_\_\_

I authorize Acadiana Medical FCU to send me notification when my eStatement is available. I understand that I must access my eStatement using MRS Mail Express and have signed up for this service. I understand that it is my responsibility to notify the credit union when I have changed my email address.

Member Signature \_\_\_\_\_

Member Number \_\_\_\_\_

Teller# \_\_\_\_\_

Date processed \_\_\_\_\_