

I would like to participate in the Puyallup City Employees Federal Credit Union's E-Statement Program. I understand that by signing this E-Statement Application, I give Puyallup City Employees Federal Credit Union authorization to stop the mailing of my monthly/quarterly paper statements.

Please fill out, sign, date and return by fax (253-841-3835) or mail to:
Puyallup City Employees Federal Credit Union
307 W Meeker
Puyallup, WA 98371

Account # (s) _____ E-mail Address _____

Name (Please print) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Social Sec. # XXX-XX- _____ Birth Date _____

I would like to receive my statements electronically Yes _____ No _____

Signature _____ Date _____