

Statement Request Form

Member Number	
First Name	Middle Initial
Last Name	
Phone Number	Date of Request
Please print me a statement of my acco	unt activity from the following month(s)
Statement Dates (write the year)	
1/11-2/10	7/11-8/10
2/11-3/10	8/11-9/10
3/11-4/10	9/11-10/10
4/11-5/10	10/11-11/10
5/11-6/10	11/11-12/10
6/11-7/10	12/11-1/10
Delivery Method	Fax my statement to
	Mail my statement to
	I will pick up my statement at the following MITFCU branch:
	Tech Sq- Building NE 48, 700 Technology Square, Cambridge
	Student Center- Building W20-116, 84 Mass. Ave, Cambridge
	Lincoln Lab- Building A-100, 244 Wood Street, Lexington
Please send me an email at _	to let me know when my statement is ready.
I accept the \$5.00 fee per statement an	d acknowledge that this request can take up to a week to receive.
Signature	
Date	

Tip: To avoid the \$5.00 charge, sign up for free e-Statements at mitfcu.org/estatements. You will have immediate access to electronic versions of your statement from the past three years