



## Duplicate Statement Request

I, \_\_\_\_\_ authorize Atlanta Postal Credit Union (APCU) to mail a duplicate account statement, under member number \_\_\_\_\_, to the individual (s) listed below.

Send a duplicate statement to:

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>City State Zip</b>	
<b>Telephone Number</b>	

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>City State Zip</b>	
<b>Telephone Number</b>	

I understand that I am permitted one free duplicate account statement to be mailed per account, per month. A fee may be imposed for additional duplicate statements to be mailed.

It is my responsibility to notify APCU when I no longer want duplicate statement(s) mailed. This request is valid for a thirteen (13) month term, after which your request for duplicate statements will expire, and must be resubmitted.

I waive all present and future claims against APCU and release APCU from all responsibility for loss or damage not caused by APCU's negligence.

**Permission to contact:** By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including auto-dialed and pre-recorded message calls, from the Credit Union or its third party debt collector at that number. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by calling APCU at (800) 849-8431.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Sign the completed form and return original to:

**APCU**  
**Member Service Department**  
**3900 Crown Road**  
**Atlanta, GA 30380-0001**  
**By Fax: (404) 669-2750**  
**By Email: info@apcu.com**