



70 Westview Street
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 617-253-2845
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 www.mitfcu.org

STATEMENT COPY REQUEST

Member Name: _____ Member Number: _____

Phone Number: _____ Date of Request: _____

Please provide account statement copies for the following month(s):

STATEMENT DATES		<i>(enter desired year)</i>	
January 11 – February 10		July 10 – August 10	
February 11 – March 10		August 10 – September 10	
March 10 – April 10		September 10 – October 10	
April 10 – May 10		October 10 – November 10	
May 10 – June 10		November 10 – December 10	
June 10 – July 10		December 10 – January 10	

Delivery Method

- Fax my statement to: _____
- Mail my statement to: _____
- I will pick-up my statement at the following MIT FCU branch:
 - Technology Square, Building NE 48, 700 Technology Square, Cambridge, MA 02139-3586
 - Student Center, Building W20-116, 84 Mass. Ave, Cambridge, MA 02139-4300
 - Lincoln Laboratory, Building A-100, 244 Wood Street, Lexington, MA 02420-9108

Please send me an email to _____ when my statement(s) are ready.

I accept the \$5.00 statement copy fee (per statement) and acknowledge that this request can take up to a week to process.

Member Signature _____

Date _____

NOTE: To avoid a \$5.00 statement copy fee, sign up for free e-Statements via e-Branch Online Banking. Members can get immediate access to electronic statements for the previous 24 months.