

**G.A.P. Federal Credit Union**  
**E-STATEMENTS**  
*Electronic-Statement Enrollment Form*

Member Name	Member SSN
Street Address	Member Date of Birth
Address (cont)	Home Phone Number
City, State and Zip Code	E-Mail Address (Required)

I would like to enroll the accounts I have listed below for Electronic-Statements (E-Statements):  
*NOTE: Enrollment of multiple accounts is allowed ONLY IF the primary member listed above is also the primary member, or a joint owner, of all accounts listed below.*

Base Account Number	Base Account Number
Base Account Number	Base Account Number
Base Account Number	Base Account Number

**Security Question:** Please select one of the questions below and provide the answer. This information will be used in the event that we need to verify your identity over the phone.

- \_\_\_\_\_ 1. Name of your first born child? \_\_\_\_\_
- \_\_\_\_\_ 2. In what city were you born? \_\_\_\_\_
- \_\_\_\_\_ 3. What is your mother's maiden name? \_\_\_\_\_

By signing below, I choose to have G.A.P. Federal Credit Union stop mailing me a paper statement each month/quarter. Instead, G.A.P. Federal Credit Union will provide me with an electronic statement (E-Statement). And, I agree to promptly update my e-mail address with G.A.P. Federal Credit Union if it should change.

\_\_\_\_\_  
 Signature of Primary Member

\_\_\_\_\_  
 Today's Date

Accepted by (MSR) and Date	
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