



Canal Ponds Business Park
100 Marina Drive • Rochester, New York 14626
(585) 453-7000 • (800) 836-7328
summitfcu.org

Copy of Statement Request Form

Date Requested: _____ Benefit Level: _____
Member Name: _____ Fee Share: _____
Account Number: _____ Employee Name: _____
Member Phone #: _____ Return to Employee:
Mail to Member:

Supporting Details: _____

Statement Copy

| <u>From</u> | | <u>To</u> | |
|--------------|-------------|--------------|-------------|
| <u>Month</u> | <u>Year</u> | <u>Month</u> | <u>Year</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Notice of Fees

Fees may apply based on member benefit level. Contact the Electronic Service Department extension 7060 for an estimate.

Submit copy of Subpoena or IRS audit along with this request if applicable.

Email completed form to: esforms@summitfcu.org