



An educated choice

E-STATEMENT SIGN UP FORM

Please print all information.

Dear TVTFCU,

I authorize a staff member of the Tobacco Valley Teachers Federal Credit Union to sign up me up to receive my statement electronically through your FREE Online Virtual Branch. I understand I must first be enrolled in Virtual Branch which I must do myself.

Account# _____

Phone _____

Cell _____

Email _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

MEMBER NAME (Please Print Clearly)

MEMBER SIGNATURE

DATE

P 860-253-4780

P 800-749-8305

F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

