

Email Opt In/Contact Information Update

Member Name: _____

Account Number: _____

Primary Member ☐

Joint Member ☐

Deciding for Both Parties ☐

Phone Number(s) _____

Primary Email: _____ Joint Email: _____

Primary MBR:

NSF Notices ☐

Overdraft Notices ☐

Other Notices ☐

ACH/Payroll Deposits ☐

EFT Withdrawals ☐

Automatic Transfers ☐

Joint MBR:

NSF Notices ☐

Overdraft Notices ☐

Other Notices ☐

ACH/Payroll Deposits ☐

EFT Withdrawals ☐

Automatic Transfers ☐

By providing the above email and checking the above boxes, I affirm that I approve these notice(s) to be sent by electronic method to the email address that I have provided to the credit union. I understand that the credit union is not responsible or liable for any shared information past the point of delivery on such notice(s).

CU Staff Only:

Initial MBMT Update Date
Compu Note: Email Opt In

Signature _____

Directions:

1. Fill out this form following all prompts.
2. Print the form.
3. Mail to:

Edge Federal Credit Union
Attn: Operations
7545 Morgan Road
Liverpool NY 13090