

**NAME OR ADDRESS CHANGE**

PLEASE CHECK YOUR NAME(S), ADDRESS AND SOCIAL SECURITY NUMBER ON THE FRONT OF THIS STATEMENT. IF THE INFORMATION IS NOT CORRECT, COMPLETE THIS FORM AND RETURN IT TO THE CREDIT UNION.

PLACE AN "X" IN FRONT OF THE ITEMS TO BE CHANGED:

- Member's Name \_\_\_\_\_ Social Security Number. \_\_\_\_\_
- Address (Including Apt. No.) \_\_\_\_\_
- City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

PLEASE KEEP US INFORMED OF ADDRESS CHANGES.  
*Return this top portion to notify us of a name or address change.*

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS**

Call us at 877-325-2848 or Write us at 423 Lynch Street, St. Louis, MO 63118

as soon as you can, if you think your statement is wrong or if you need more information about a transfer on the statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

In your letter, provide the following information:

- (1) Your name and account number.
- (2) The dollar amount of the suspected error.
- (3) Describe the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete the investigation.

**THE FOLLOWING DISCLOSURE PERTAINS TO OPEN END LOANS ONLY  
IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT**

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet at the address shown on your statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- (1) Your name and account number.
- (2) The dollar amount of the suspected error.
- (3) Describe the error and explain why you believe there is an error. If you need more information, describe the item about which you are unsure.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the portion of your balance that is not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

This is a summary of your rights; a full statement of your rights and the credit union's responsibilities under the Federal Credit Billing Act will be sent to you both upon request and in response to a billing error.

**PLEASE RETAIN THIS STATEMENT. IT IS A PERMANENT RECORD OF YOUR TRANSACTIONS.**

**RECONCILIATION**

Items Outstanding	
ITEM NO.	AMOUNT
<b>TOTAL ▶</b>	

Deposits in Transit to Credit Union (Not Credited in this statement) (Payroll Deduction or Direct)	
DATE	AMOUNT
<b>TOTAL ▶</b>	

Balance Shown on this Statement	\$ _____
<b>ADD</b>	
Deposits not credited in this Statement (if any)	\$ _____
<b>TOTAL</b>	\$ _____
<b>SUBTRACT</b>	
Items Outstanding	\$ _____
<b>BALANCE</b>	
Your register should show this balance	\$ _____