

NAME AND/OR ADDRESS CHANGE

Please check your name(s), and address on the front of this statement. If not exactly correct, complete this form and return it to the credit union office.

Place an X in front of item(s) to be changed and enter corrected change.

- Member's Name _____
- Joint Member's Name _____
- Address (including Apt. No.) _____
- City and State _____
- Zip Code _____
- Home Telephone # _____ Business Telephone # _____
- E-mail Address _____

Signature _____ Date _____

Please keep us informed of address changes.

BALANCE ON WHICH FINANCE CHARGE COMPUTED

New purchases will not incur a Finance Charge on the date they are posted to your Account if you have paid the Account in full by the Payment Due Date shown on your previous monthly statement or if there was no Previous Balance. Cash advances incur a Finance Charge from the date they are posted to your Account.

The Finance Charge is figured by applying the periodic rate to the "Balance Subject to Finance Charge" which is the "Average Daily Balance" of your Account, including current transactions. The "Average Daily Balance" is arrived at by taking the beginning balance of your Account each day, adding in any new cash advances, and unless you pay your Account in full by the Payment Due Date show on the previous monthly statement or there is no previous balance, adding in new purchases and subtracting any payments or credits and unpaid finance charges. This gives us the daily balance. The daily balances for the billing cycle are then added together and divided by the number of days in the billing cycle. The result is the "Average Daily Balance." The Finance Charge is determined by multiplying the "Average Daily Balance" by the number of days in the billing cycle and applying the periodic rate to the product. If your periodic rate is an index, your periodic rate(s) may vary.

No additional Finance Charges will be imposed on new purchases shown on this statement if the New Balance shown on this statement is paid in full by the Payment Due Date show on this statement. The Payment Due Date is not less than 25 days from the Billing Cycle Closing Date shown on this statement. We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

BILLING RIGHTS SUMMARY

In Case of Errors or Questions About Your Bill

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us at the address shown on your statement as soon as possible. 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: your name, account number, the dollar amount of the suspected error, describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about.

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

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the Merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the Merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

NOTIFICATION OF DISPUTED ITEM

You may write us or use this form. Please keep a copy of the statement and the form for your records. Please complete, sign and return to the address listed on your statement (DO NOT MAIL THIS FORM WITH YOUR PAYMENT.).

Name (Please Print) _____ Signature _____ Date _____

Acct. # _____ Amount _____ Reference # _____ Posting Date _____ Merchant Name _____

Daytime Phone # _____

Check one box below. Enclose copies of all documentation (credit slips, contracts, return receipts, sales slips, etc.).

1. I certify that the charge listed above was not made by me or any person authorized by me to use my account.
2. The attached credit slip has not shown on my statement.
3. The attached credit slip was listed as a sale on my statement.
4. I do not recognize the above transaction. Please send me a copy of the sales slip.
5. The amount of the enclosed sales slip was increased from \$ _____ to \$ _____, or the sales slip was added incorrectly.
6. I certify that the charge in question was a single transaction but posted twice to my statement. I did not authorize the second transaction and the cards were in my possession at all times.
Sale #1 _____ Ref. # _____
Sale #2 _____ Ref. # _____
7. Merchandise, which was shipped to me, arrived damaged or defective. (Explain the defect or damage, your efforts to resolve the problem and your efforts to return the merchandise.)
8. I have not received merchandise which was to arrive by (Date) _____. (Describe your efforts to resolve the problem and the merchant's response.)
9. I am disputing the quality of the goods or services I received. I dispute the entire amount of \$ _____. (Explain 1. What you expected; 2. What you actually received; 3. The efforts you made to contact the merchant and 4. The date you contacted the merchant.)
10. On (Date) _____ I canceled a recurring charge (i.e., on-line computer service).
11. Other. Attach a letter describing the dispute. If the merchandise from the valid charge was returned, supply the date and proof.

We may request additional information. In some circumstances a credit may be reversed once our investigation is completed.

Cardholder Signature _____ Date _____ Cardholder Signature _____ Date _____