



Date: _____

I, _____ am requesting:
Your name

_____ A direct deposit form for my account

_____ A statement for my account for the following month(s) _____
\$5 fee charged per statement printed

Send via FAX # _____ or EMAIL _____

Signature _____
must be a handwritten signature

P: 306.746.2160
F: 306.746.5811
TF: 866.612.2300

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