

## Member Information Request

To request access to your personal information, please provide the following information.

### Description of Information Requested:

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Location where information will be picked up or sent: *(credit union branch, fax, mail, etc.)*

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\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

***NOTE: Two pieces of identification must be produced bearing a signature, one of which should include photo identification and a birth date in order to obtain the information requested.***

Please return this form to your branch, or mail to:

Raymore Credit Union  
Privacy Officer  
PO Box 460  
Raymore SK  
S0A 3J0



*Under Canada's Personal Information Protection and Electronic Documents Act, individuals have the right to request access to their personal information and have it amended if it is incomplete, out of date, or inaccurate. Individuals can also challenge the uses of personal information or an organization's compliance with any other aspect of the law. They can withdraw their consent to continuing use of their personal information for purposes that are not legally required or part of an existing contractual commitment.*