



CAP COM Financial Center
4 Winners Circle | Albany, NY 12205
(518) 458-2195 | (800) 468-5500 | fax (518) 458-2261
www.capcomfcu.org

Account Number: _____

By signing below I hereby request that all related Account and/or Loan Disclosures be provide to me by way of an email sent to my email address of record.

I understand that in order to access, view, and retain the Disclosures I currently have:

- An up-to-date supported internet browser;
- Local, electronic storage capacity to retain our Communications and/or a printer to print them;
- An up-to-date device or devices (e.g. computer, smartphone, tablet, etc.) which is capable of accessing the internet;
- Internet access;
- An active e-mail account; and
- Software to access my e-mail account.

I am aware that I can obtain a paper copy of the applicable Disclosure(s) by printing it, obtaining it from any branch location or by requesting that a paper copy be sent to me. To request a paper copy, please call us at (800) 468-5500 or (518) 458-2195.

Primary Member's Name: _____ Date: _____

Primary Member's Signature: _____

Joint Owner/Member's Name: Date: _____ Date: _____

Joint Owner/Member's Signature: _____