



Statement Request Form

Please fill out all the information requested on this form. Then sign and date it, and fax this request to the Operations Department at 413-583-4491.

First & Last: _____

Street Address: _____

City, State, Zip: _____

Member Number: _____

I request a copy of my statement for the following month(s) and year(s):

Month: _____ Year: _____

Month: _____ Year: _____

Month: _____ Year: _____

I understand that there may be a fee associated with this request which will be automatically deducted from the account I have indicated above, and that I have read the [Fee Schedule](#).

Signature _____ Date _____

Please note: The statement you have requested must be sent to your address on record for this account. If your address has changed, fill out an address change form before you request copies.

