

**Copperfin Credit Union Request for Documentation in Alternate Format**



**General Information**

Name (please print):
Address:
Phone (provide #):
Email:

**Request Details**

Date information is required by:
Document(s) required:
Document format requested:
Additional comments:

**Notification and Consent**

Your personal information is necessary to review and/or investigate your request. By signing below you consent to Copperfin utilizing the information contained on this form and understand that you will be contacted utilizing the information provided. If you have any questions about Copperfin's collection and disclosure of your personal information please contact the Privacy Officer of the Credit Union.

**Signature**

**Date (YY/MM/DD)**

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Please email completed form to [complaints@copperfin.ca](mailto:complaints@copperfin.ca). If this format is not suitable, please make your request by contacting the Member Support Center at 1-(877)-202-5722.