



## Account Verification

Dear Member,

The Supervisory Committee of the credit union is performing a required audit of credit union records. Please compare the balance(s) on the enclosed statement with your records.

If your records **do not** agree, write the differences and an explanation on the reverse side of this form; enter your member number and sign your name below. The committee will investigate and advise you on any discrepancies you report. If you do not have any discrepancies, there is no need for you to mail this form to the Supervisory Committee.

Unless you report any differences within 30 days, the balances shown on the statement will be considered correct. Thank you for your assistance.

Member Number \_\_\_\_\_

\_\_\_\_\_  
Signature

Mail the form to:  
A. John Weaver and Associates  
4008 Louetta Road, Box Number 359  
Spring, TX 77388

