



RCU Member Concerns

Part 1 - Member Contact Information

First Name:		Last Name:	
Date of Concern Submission:	Are you currently a member of RCU Credit Union? <input type="checkbox"/> YES <input type="checkbox"/> NO	Account Number:	
Phone Number:	Email:	Preferred Method of Communication:	

Part 2 - Details of Concern

Which RCU branch is related to the concern? <input type="checkbox"/> MAIN <input type="checkbox"/> ANAPILIS	Please attach supporting documents (if any)
Details of your concern:	

Signature:

Date:

Signed form and any additional supporting documents must be e-mailed or mailed to:

E-mail:

contact@rpcul.com

Subject: Member Concerns

Mail:

RCU CREDIT UNION

Attn: Member Concerns

3 Resurrection Rd., Toronto, Ontario M9A 5G1