**The English-Speaking Union National   
of the United States**

Duplicate Statement Request Form

From ESU Finance

**PURPOSE: Or, why are we asking for duplicate statements?**

Sending duplicate statements to ESU National (referred to in the letter as an "interested party") is a simple way of ensuring the National Office has a consistent snapshot of your account activity, without granting additional access to your account. Your duplicate statement is made available to us, by your financial institution, at the same time as your statement is sent to you. You will not have to worry about copying, scanning and sending the statements to us and we will receive them in a timely manner so that we can fulfill our fiduciary responsibility.

It is a way for us to demonstrate “Oversight” to the auditors and your Branch remains in “Control” of your funds.

To help you with this request, we have enclosed a generic Duplicate Statement Request - Interested Party Authorization form for you to complete and issue to your bank.

Let us know if you, or your bank, has any questions.

**DUPLICATE STATEMENT REQUEST - INTERESTED PARTY AUTHORIZATION**

1. ACCOUNT HOLDER NAME

|  |  |  |
| --- | --- | --- |
| **Contact** | **Office of the ESU Treasurer** | **Phone:** |
| Name |  | |
| Address |  | |
| State, City, Zip |  | |
| Email |  | |

1. ACCOUNTS TO BE DELIVERED

|  |  |
| --- | --- |
| **Account Title** | **Account Number** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. INTERESTED PARTY INFORMATION

|  |  |  |
| --- | --- | --- |
| **Contact** | Office of the Comptroller | Phone: 212-818-1200 ext. 218 |
| **Name** | The English-Speaking Union | |
| **Address** | 144 East 39th Street | |
| **State, City, Zip** | New York, NY 10016 | |
| **Email** | statements@esuus.org | |

1. DOCUMENT DELIVERY INSTRUCTIONS

Monthly and Year-End Statements and confirmations. Please note, once the interested party has been added, they will continue to receive duplicate statements until revoked by the account holder with an updated request to remove the interested party access.

1. SIGNATURE(S) By signing below, I (we) authorize this institution to send to the interested party named above, account information as described in paragraph 4 “DOCUMENT DELIVERY INSTRUCTIONS” of this form.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title Date   
 [Print Name]

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title Date [Print Name]