CUsource Helena

Phone 406-443-0215 Fax 406-443-3563

Insert Notification
Attn: PMSD
*INSERTS ARE DUE TO CUsource BY THE 25TH OF THE MONTH

Credit Union _____

Contact Person _____ Phone _____ Fax _____

Inserts are for:

Month End Quarter End Visa Other

Cycle _____ _____ _____ _____

Insert Description	Printing Source	Selective Parameters

Do you want extras back? YES NO

If yes, who should they be sent to? _____

Marketing Piece	Selective Parameters	Cycle Date