

Check Photocopy Request Form

Mail check copy

Email check copy at: _____

Pick up at the credit union office: _____

Member Number: _____ Date: _____

Name: _____

Address: _____

City, State & Zip: _____

Check Number(s) Requested: _____

Amount of check(s): _____

Check(s) made payable to: _____

Date check(s) cleared your account: _____

I understand that there may be a fee associated with this request, the fee will be debited from my account, and I have read the Fee Schedule.

Signature _____ **Date** _____

Check copies will only be sent to the address of record for the account on which they are drawn, and can only be sent to account owners.

For credit union use only:

Account address verified

Fee charged \$ _____

Completed by: _____ Date: _____