MEMBER CHECK COPY REQUEST

MEMBER INFORMATION

NAME: _____ M: _____ LAST NAME: _____

SS#: _____ ADDRESS: _____

CITY & ZIP CODE: _____ PHONE: _____ EMAIL: _____

MEMBER #	ACCOUNT #	CHECK #	AMOUNT	TRACE #	CLEARING DATE	No. OF COPIES

* YOU CAN FIND THE SEQUENCE NUMBER ON YOUR STATEMENT

PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ MAIL TO THE ADDRESS ABOVE ☐ FAX TO: _____ ☐ MEMBER PICK UP

I AUTHORIZE B.O.N.D. COMMUNITY FCU TO DEBIT THE CHECK COPY FEE* FROM MY CHECKING ACCOUNT NUMBER. (*PLEASE REFER TO THE SCHEDULE OF FEES & CHARGES)

IF YOU WANT US TO DEBIT THE FEE FROM A DIFFERENT ACCOUNT, PLEASE SPECIFY: _____

_____ SIGNATURE & DATE

_____ BOND REPRESENTATIVE