



MEMBER RESEARCH REQUEST

MEMBER INFORMATION

NAME: _____ M: _____ LAST NAME: _____

SS#: _____ ADDRESS: _____

CITY & ZIP CODE: _____ DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____ MEMBER NUMBER: _____

PLEASE, NOTE THAT ALL RESEARCH REQUESTS ARE CHARGED A PER HOUR FEE (SEE FEE SCHEDULE).
IF YOU ARE REQUESTING THIS RESEARCH BASED ON AN ERROR YOU BELIEVE WE MADE, NO FEE WILL
BE CHARGED IF RESEARCH PROVES IT WAS OUR ERROR

TYPE OF RESEARCH REQUESTED

I NEED A COPY OF CHECK DEPOSITED INTO MY ACCOUNT
DATE OF DEPOSIT _____ SAVINGS CHECKING
TOTAL \$ AMOUNT OF DEPOSIT _____
\$ AMOUNT OF CHECK _____ SUFFIX _____
ADDITIONAL INFO: _____

I NEED TO KNOW WHO AUTHORIZED A TRANSACTION
TYPE OF TRANSACTION _____ SAVINGS CHECKING
DATE OF TRANSACTION _____
\$ AMOUNT OF TRANSACTION _____ SUFFIX _____
ADDITIONAL INFO: _____

OTHER TYPE OF RESEARCH SAVINGS CHECKING SUFFIX _____

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 RESEARCH 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: _____

MEMBER SIGNATURE & DATE

BOND REPRESENTATIVE