



Chesterfield Federal Credit Union
SOLUTIONS FOR ALL YOUR FINANCIAL NEEDS

Member Copy Request

Name: _____ Member Number: _____
 Home Phone: _____
 Current Address: _____

Check Request

(you can request copies of up to 6 checks on this form)

| | | | | | | |
|---------------|-------|-------|-------|-------|-------|-------|
| Check Number: | _____ | _____ | _____ | _____ | _____ | _____ |
| Amount: | _____ | _____ | _____ | _____ | _____ | _____ |
| Date Cleared: | _____ | _____ | _____ | _____ | _____ | _____ |

Statement Request

(You can request up to 6 months of statements on this form)

| | | | | | | |
|------------------|-------|-------|-------|-------|-------|-------|
| Statement Year: | _____ | _____ | _____ | _____ | _____ | _____ |
| Statement Month: | _____ | _____ | _____ | _____ | _____ | _____ |

I would like to receive my copies by: Pick Up US Mail

Charges: \$3.00 per copy

_____ copies @ \$3.00 = \$_____. Please debit from suffix _____

Special Instructions: _____

Authorization

By signing below, I authorize the actions requested on this form.

I understand that my account will be debited for the amount listed above.

Signature _____

Date _____

**Credit
Union
Use Only**

Initial Request Received By: _____

Completed By: _____

Date: _____

Date: _____