

Check Copy Request

Please fax to 281-754-5046



Account number _____

Check Number	Amount	Date Cleared
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Signature _____ Phone # _____

There is a \$3.00 charge for each check copy.
(2 free copies per statement period.)

For Credit Union Use Only

Check #	Trace Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Taken by _____
Called to _____
Date _____