



Account Documentation/Research Request
(Use one form per Account #)

Account Reconciliation and/or Research: \$35.00 per hour (\$35.00 minimum charge)

Statement Copy/Share Draft Copy/Cashier's Check Copy: \$5.00 per copy
(up to 7 copies; in excess of 7 is charged as Account Research at a minimum of \$35.00 per hour)

Requested items may be unavailable. We will inform you if we are unable to provide the documents requested.

Name: _____ Account #: _____

Statement Copy(ies): _____ To _____
Month/Year Month/Year

Share Draft Copy(ies):	<u>Check #</u>	<u>Date Posted</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Other Account Reconciliation/Research (Please describe):

(For additional information, please use back of form)

I understand my account will be charged in accordance with the fee structure noted above.
If this account has since been closed, I authorize the Credit Union to debit Account # _____,
the amount due, or I have attached a check for the requested account information.

Signature Date Primary Phone Number

CREDIT UNION USE			
Total Fee: _____			
Date Account Charged: _____		Date docs mailed: _____	
Date Check Received: _____		Date docs picked up: _____	
Teller Initials: _____		Teller initials: _____	