



Check Photocopy Request

Member Name: _____ Account #: _____

Draft#: _____ Trace #: _____ Amount: \$ _____

Date Paid: _____ Payee: _____

Mail: _____ Pickup: _____ Notify by E-Mail: _____

E-MailAddress: _____

Daytime Phone: _____

I understand that I am allowed (2) free photocopies per month. Any additional photocopies will result in a \$3.00 fee per copy.

Member Signature: _____ Date: _____

FSR#: _____ Date: _____