



P.O. Box 660130, Arcadia, CA 91066-0130  
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FOOTHILL FEDERAL CREDIT UNION  
PHOTO COPY REQUEST

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

\_\_\_\_\_ Statement Request for the Month of \_\_\_\_\_  
(Fee for a Copy of Statement is \$4.00. No charge for Silver and Gold Members)

\_\_\_\_\_ Photo Copy Request for Member Share Draft Item (No Charge)

Draft #: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Written: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Tracer #: \_\_\_\_\_

\_\_\_\_\_ Photo Copy Request for Deposit Item (No Charge)

Amount: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Teller #: \_\_\_\_\_

Sequence #: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Employee's Signature Date