



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 _____