



ALABAMA
credit union

CHECK COPY REQUEST FORM

Name _____

Account number _____

Address _____

City, State, ZIP _____

Home phone number (____) ____-____ Fax check copy to (____) ____-____

Work phone number (____) ____-____

Email address _____

1) Check or item number? _____
Date check or item cleared your account? _____
Amount of check or item? _____
Check made payable to? _____

2) Check or item number? _____
Date check or item cleared your account? _____
Amount of check or item? _____
Check made payable to? _____

3) Check or item number? _____
Date check or item cleared your account? _____
Amount of check or item? _____
Check made payable to? _____

Signed: _____

(Must be signed by account owner.)

Please print legibly or type. When completed, mail or fax to:
Alabama Credit Union, P. O. Box 862998, Tuscaloosa, AL 35486-0027; Fax 205-348-3892
or
Alabama Credit Union, UAH-851 John Wright Drive, Huntsville, AL 35899; Fax 256-824-6566

For credit union use only:
____ Account address verified _____ Fee charged \$_____
Completed by: _____ Date: _____