



## Statement/Check Copy Request Form

Customer Name and Address:

Date of Request:

### Statement Request

Account Number(s):

Statement Mon/Yr(s):

Statement w/ check images:

Reason for Request:

Acct to be Debited (Fees):

### Check Copy Request

Account #	Check #	Check Amount	Date Cleared	Additional Info

Acct to be Debited (Fees):

Reason for Request:

When ready, I would like my statements/check copies to be:

- mailed to the address above.
- sent to the select branch for pick-up.

By signing below, I acknowledge that I am an authorized signer on the above referenced account(s) and am requesting the above copies. I am aware that a charge may be assessed based on the current fee schedule.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Bank Use Only:**

\_\_\_\_\_  
Branch Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By (Retail Support (Rep) Date