

Please Print, Complete & Fax To (770) 326-7318

REQUEST FOR MICROFILM COPY
Associated Credit Union

Date _____

I hereby request a microfilm copy of the draft indicated below.

I realize there is a \$ _____ service fee for this copy,
to be debited to my share draft account.

Share Draft Account Number _____

Date of Draft _____ Draft No. _____

Draft Amount \$ _____ Date Paid _____

Payable to _____

Signature of Member

Accepted by _____ (Employee initials)

OFFICE USE ONLY

DRAFT NUMBER			

DATE CLEARED	
/	/

ACCOUNT NUMBER											

TRACE NUMBER									