



Check Copy Request

Please send me a copy of the following check from my checking account. I understand that my account will be charged for this transaction

Upon completion, simply print this form and mail/fax to:

America's Credit Union
Attn: Member Services
P.O. Box 469046
Garland, TX 75046-9046

Fax:
(972) 494-0371 or (800) 543-2803

Primary Member's Name:

Member Number:

Check Account Suffix:

Daytime Telephone Number:

Check Number:

Check Amount:

Date Check Cleared Account:

Tracer #

Member Signature: _____ Date _____

For Credit Union Use Only:

Approved By : _____ Date _____