

# Tulare County Federal Credit Union

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## PHOTOCOPY REQUEST (ALL SPACES MUST BE FULLY COMPLETED)

Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Draft #: \_\_\_\_\_ Trace #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Payee: \_\_\_\_\_

Mail: \_\_\_\_\_ Pickup: \_\_\_\_\_ Notify by E-Mail: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

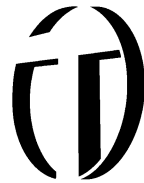
Daytime Phone: \_\_\_\_\_

**I understand that I am allowed (2) free photocopies per month. Any additional photocopies will result in a \$3.00 fee per copy.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FSR #: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 3/24/06



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