



# TRANSPORTATION FEDERAL CREDIT UNION

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Washington, DC 20024-0440  
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www.transfcu.com

## Check Copy Request

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

Home Phone# \_\_\_\_\_ MICR# \_\_\_\_\_

Share Draft # \_\_\_\_\_ Amount of Draft \$ \_\_\_\_\_

Date Written \_\_\_\_\_ Date Cleared: \_\_\_\_\_

Trace# \_\_\_\_\_ / \_\_\_\_\_

Check One: Microfilm Copy \_\_\_\_\_ Inquiry \_\_\_\_\_

I hereby request the credit union to order a microfilm copy/inquiry of the above reference paid and canceled check. I understand that there is a \$5.00 charge per microfilm copy (free inquiry). I agree to pay said service charge by means of a debit made by the credit union, to my share draft (checking) account, once the copy has been received by the credit union. I further agree that once this request has been made, it can not be revoked and that I am still liable for the service charge.

Date \_\_\_\_\_ Member's Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_



Your savings federally insured to at least \$100,000  
and backed by the full faith and credit of the United States Government



Additional coverage up to \$250,000 provided by Excess  
Share Insurance Corporation, a licensed insurance company.