



www.rutgersfcu.org

Research Request

**See RFCU Membership Fee schedule for fee.*

Name _____ Account Number _____

Address: _____ City, State, ZIP _____

Daytime Phone # _____ Date of Request _____

Request for Statement Copies: *List month and year or date range for all statements requested.*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Request for Cleared Check Copies:

<u>Check #</u>	<u>Amount</u>	<u>Date Cleared</u>	<u>Check #</u>	<u>Amount</u>	<u>Date Cleared</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Due to the time required for research and retrieval, requests for photocopies of statements and cleared checks **may** incur a fee as stated in the RFCU fee schedule. I understand and agree to all fees incurred by me for the above requested items.*

Signature Date

<i>Internal Use Only</i>		
Received By: _____	Branch: _____	Date: _____
Processed By: _____	Branch: _____	Date: _____