



Carpenters Credit Union  
 720 Olive Street  
 St. Paul, MN 55130  
 Ph: 651-646-8827  
 Fax: 651-646-1834  
 myCarpentersCU.org

## ACCOUNT INFORMATION REQUEST

### MEMBER INFORMATION

Account Number \_\_\_\_\_ Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Copy of Cleared Check**

Check # _____	Dollar Amount _____	Date Cleared _____
Check # _____	Dollar Amount _____	Date Cleared _____
Check # _____	Dollar Amount _____	Date Cleared _____

**Information on transaction(s) that cleared my account**

Description/Name of transaction _____	Dollar Amount _____	Date Cleared _____
Description/Name of transaction _____	Dollar Amount _____	Date Cleared _____
Description/Name of transaction _____	Dollar Amount _____	Date Cleared _____

**Account Statements**

<input type="checkbox"/> <b>Savings (Quarterly)</b>	<input type="checkbox"/> <b>Checking (Monthly)</b>	
Date Needed _____	Date Needed _____	Date Needed _____
Date Needed _____	Date Needed _____	Date Needed _____

**Visa Statements**

Account Number _____		
Date Needed _____	Date Needed _____	Date Needed _____
Date Needed _____	Date Needed _____	Date Needed _____

**Other** Please describe item needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Agreement & Signature

I agree to pay the applicable fees to obtain the information I requested. I understand that this process will be completed within 3 business days in most cases. If I have not received the requested items within this time, I will contact the office to check on the status of the research. Fees can be taken out from checking or savings accounts. Non-members send cashier's check or money order made payable to Carpenters FCU.

Check copy: \$10 each    Statements: \$10 each    Other Research: \$30 per hour (\$30 min)

Signature \_\_\_\_\_ Date \_\_\_\_\_