



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