



Check Copy Request Form

Please fill out all the information requested on this form, sign and date it, and fax to the Operations Department at 413-583-4491.

Name: _____

Address: _____

Member Number: _____

Check Number(s) Requested: _____

Check Amount: _____

Clearing Date: _____

(Date it was paid on your statement)

I understand that there may be a fee associated with this request and I have read the Fee Schedule.

Signature _____ Date _____

Check copies will only be sent to the address of record for the account on which they are drawn, and can only be sent to account owners. For any questions, call the Operations Department at 413-589-9966.

