



PHOTOCOPY REQUEST

800 / 230-3306
310/468-3498 Fax

Check One: Share draft Statement

Date of request: _____ Account number: _____

Member name: _____

Send copy to (address or Mail Drop) _____

Date of item requested _____ Draft number _____

Amount of item \$ _____ Date item paid _____

Routing # 322283178 Trace # _____ Number of copies _____

This section reserved for credit union use Only:

Called to WesCorp:

Date: _____ By: _____ Spoke to: _____

Faxed to WesCorp:

Date: _____ By: _____ Spoke to: _____

Copy Received from WesCorp:

Date: _____ By: _____ Spoke to: _____

Follow Up Notes: