

City of Boston Credit Union

Request Copy of Canceled Share Drafts (Checks)

(\$5.00 per check requested will be taken from your account)

MEMBER INFORMATION (Please Print)

Member Number _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

SHARE DRAFT (CHECK) NUMBER(S)

Draft (Check) #	Date Paid	Amount

Draft (Check) #	Date Paid	Amount

How would you like to receive your copy(ies)? Mail Fax () _____ Pick-Up (City Hall/Dorchester/West Roxbury)

Member Signature: _____ Date: _____

Please print and sign this form. You may mail the form to City of Boston Credit Union, City Hall, Room 242, Boston, MA 02201-1032. Or you may fax it to (617) 635-3168.

