

## Draft Copy Request and Check Clearing Dispute Form

Account Number	Draft #	Trace # (For Internal Use)	Amount	Amount S/B	Clear Date	Employee ID (For Internal Use)

*\*A draft copy fee may be assessed; see Schedule of Fees for details.*

**Account Number:** \_\_\_\_\_ **Request Date & Time:** \_\_\_\_\_

**Member's Name:** \_\_\_\_\_ **Member's Initials:** \_\_\_\_\_

**Member's Address:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

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