



RESEARCH REQUEST FORM

Date: _____

Request for Research on Account #: _____

Please describe your request on the space provided below:

I understand that my account number # _____ will be charged a minimum of \$35.00 for this research. If upon, researching, the United Police Federal Credit Union is found to be at fault, this charge will be automatically waived.

I understand that the research fee is \$35.00 per hour, with a minimum of one hour. Copies of checks provided are \$5.00 per copy. Copies of statements provided are \$10.00 per copy.

Member Name

Member Signature

Date