



REQUEST FOR REMOVAL FROM BANK DRAFT PROGRAM

DATE: \_\_\_\_\_

I, \_\_\_\_\_, request that my account , # \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Customer Name Customer Account Number  
be removed from CHELCO's Bank Draft program.

\_\_\_\_\_  
Customer Signature

ADDITIONAL NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |
|--|
| Received By: _____<br><small>Member Accounts Clerk Signature</small> |
| Date Received: _____   |
| Verified By: _____<br><small>Member Credit Clerk Initials</small>    |
| <b>Attribute removed</b><br><b>FAX:850-892-9435</b>                  |