

Foreign Deposit Items Request Form

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Remitting Institution

 Date Remitting Institution Name Account to be Charged

 Remitting Institution Street Address City State Zip

Remitting Institution Requestor

 Date Requestor Name (Please Print) Phone Number Email Address

Foreign Items Information

#	Item Number	Face Amount	Member Name	Member Address <small>(Street Address, City, State, Zip)</small>	Currency Type	Send for Collection* (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

TOTALS:

_____ _____
 (total items) (total face amount)

** If collection field left blank, item will be sent via cash letter.
Please Note: Fees may be charged by correspondent bank(s) for collection items.*

Please mail request form and original check to:

National Cooperative Bank, N.A.
 Attn: Correspondent Banking Services
 139 South High Street
 Hillsboro, Ohio 45133