



Member driven.
Community focused.

Research Request

Date: _____

Member Name: _____

City: _____

State: _____

FHFB ID#: _____

DDA #: _____

Your Name: _____

Phone #: _____

Fax #: _____

FILL OUT THE APPROPRIATE AREAS:

Security Description: _____

CUSIP #: _____

Payable Date: _____

Amount: \$ _____

If inquiring about a credit, provide date posted: _____

Reason for Inquiry: _____

Disposition of Inquiry: _____
