CHECK WITHDRAWAL REQUEST

FIRSTENERGY CHOICE Federal Credit Union

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724.830.5984 · 1.888.462.2328 · Fax 724.830.5129
Email: fechoice@fechoice.com
Website: www.fechoice.com

FOR OFFICE USE ONLY
CHECK #
DATE ISSUED

Date: I wish to withdrawal from my account #	the amount of \$ as a check.
Account Name	
Second Name payable to (when applicable):	
☐ I will pick up the check in person.	I request that the check be mailed to:
Check received by	My home address (per system)My FirstEnergy Corp. office address
Date received	— Member Signature
	Authorized per attached note
FOR OFFICE USE ONLY: Phone requested by:	Staff Initials Posted