



Fee Waiver Request Form

Members Name: _____ **Account Number:** _____

Item in question: Check __ ACH/EFT__ Visa Debit__ Other_____ **Amount:** _____

Reason for Request (please be specific)

******PLEASE ALLOW 24-48 HOURS FOR YOUR REQUEST TO BE PROCESSED******

Member Signature: _____ **Contact #** _____

Employee Signature: _____

Fax #	Date:	By:
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