



**Request for Foreign Currency**

**Please submit this completed form and a copy of your valid driver's license**

Member Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone#: \_\_\_\_\_

Type of currency to be exchanged for USD \_\_\_\_\_

Amount of currency to be exchanged for USD \_\_\_\_\_

Denominations to be exchanged:

_____	X	1
_____	X	2
_____	X	5
_____	X	10
_____	X	20
_____	X	50
_____	X	100
_____	X	200
_____	X	500

Upon receipt of this completed form and the currency to be exchanged, Finger Lakes Health Care FCU will provide you with a transaction receipt that will be included in the mailing back to eZforex.com for the exchange.