

CHECK ORDER REQUEST

Member Name: _____

Member Number: _____

Box quantity (90 pieces per box): _____

Select an option below:

Check starting number:

____ Duplicates or ____ Singles _____

Name(s) listed on checks: _____

Checks received by (select an option below):

___ mail to member or,

___ pick up from CAFCU branch

Are there any changes on the check design or wording you would like to make? If so, please explain.

SIGNATURE: _____ **DATE:** _____

(CAFCU use only)

Pricing per box: _____

**If order made via phone call, verify member information.

**Please attach the last check issued.

- Go to checking account, under “last transaction tab,” and select “print check.”
- (optional) If there is no last check issue found, please check member file.