

IMPORTANT! PLEASE COMPLETE ALL SECTIONS EXCEPT THOSE MARKED WITH AN ASTERISK (\*)

# PERSONALIZED DELUXE CHECK ORDER FORM

PLEASE PRINT OR TYPE CLEARLY



1. NAME										11. CHECK DESIGN NAME / ORDER CODE		14. MONOGRAM STYLE OR SYMBOL NO.		17. STARTING NO. USE 101 OR HIGHER	
2. SECOND NAME										12. QUANTITY <input type="checkbox"/> 1 BOX <input type="checkbox"/> 2 BOXES  <input type="checkbox"/> 4 BOXES		15. LETTERING		18. COVER (IF NEEDED)	
3. ADDRESS												16. BYLINE OR MESSAGE NO.		19. CUSTOMER SIGNATURE _____ DATE _____	
5. CITY & STATE					6. ZIP CODE					20. FI VERIFICATION* _____ DATE _____ (I HAVE VERIFIED ALL INFORMATION FOR ACCURACY)					
7. DRIVERS LICENSE NUMBER? / ALTERNATE ID										13. BRANCH NO.*		21. FINANCIAL INSTITUTION INSTRUCTIONS (PLEASE PRINT)*			
9. SECOND DRIVERS LICENSE NUMBER / ALTERNATE ID					10. WORK PHONE NO. (OPTIONAL)										
FOR INTERNAL USE*										22. SPECIAL INSTRUCTIONS / ALTERNATE MAILING ADDRESS					
										23. PLEASE PRINT COMPLETE ACCOUNT NUMBER BELOW*					

1048387 (3-01)

SEND THIS ORDER TO YOUR FINANCIAL INSTITUTION