



Account Number: _____

INFORMATION AS LISTED ON CHECKS

Name(s): _____

Address: _____

City State Zip Code

Phone Number: (optional) _____

CHECK STYLE

Style: _____

- Singles
- Duplicates

Check Number: _____

- Ship To:
- Member
 - Credit Union

Quantity: 1 Box 2 Boxes

AUTHORIZATION

I, _____, authorize St. Joseph's Hospital Federal Credit Union to order checks on my account in my behalf. I have completed and carefully reviewed the information detailing my check order. I further authorize the total price of the checks shown below to be debited from my share draft (checking) account.

Signature

Date

This section is to be completed by the Member Service Representative.

TOTAL PRICE

- Bill Member—Member Pays \$ _____
- Bill CU—Member Pays \$0