

California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513 Glendale, CA 91206 Phone (818) 246 - 7241 Email: operations@cafcu.net

Website: www.cafcu.net

	CHECK ORDER REQUEST	
Full Name:	First	
Address:	FIrst	M.I.
Street Address		Apartment/Unit #:
City	State	Zip Code
Account Number:	Last 4 digits o	of SSN:
Check Order Starting Number:		
Name One:		
lame Two:		_
Address:		
Street Address		Apartment/Unit #
City	State	Zip Code
Number of boxes in this order:	2 4	
Print phone number on drafts?	No If Yes, Cell Phone #:	Other Phone #:
nclude a Check Register in my order: Yes	No	
Please select one of the follow	owing for check designs and check type	S:
1. Duplicates	or Singles	
2. Personal	or Business	
3. Traditional (Blu	e) or Personalized (Design	#:)
would like to receive my checks by (select option be	low):	
Mail to member's	address Pick up fro	om CAFCU Branch
*by signing below, you recognize any information listed in this section	will reflect on the ordered checks. The purchase amount will be	non-refundable and charged to your checking accou
Member's Signature:		Date:
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
	(for CU Use Only)	
Ordered By:		Date Ordered:

^{**}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"

If there is no last check issue found, check member file (optional)