



Check Order Form

Please complete this form and submit it to the credit union to be processed. You can send it via secure email on the contact page of our website at www.agcu.org/contact, email it directly to info@aagcu.org or fax it to 206-824-1421.

| Member Information | |
|-----------------------------------|--|
| Member Name: | |
| Joint Owner Name (if applicable): | |
| Account Number: | |

Note: Account number refers to your 5-digit member number, NOT your checking account number.

| Check Information (Select what you'd like displayed on checks) | |
|---|--|
| <input type="checkbox"/> Name: | |
| <input type="checkbox"/> Address: | |
| <input type="checkbox"/> Phone Number: | |
| <input type="checkbox"/> Preferred Starting Check Number: | |

| Shipping Information (Mail my checks to...) | |
|--|--|
| <input type="checkbox"/> Address on checks: | |
| <input type="checkbox"/> Credit Union Branch: | <input type="checkbox"/> SeaTac Branch <input type="checkbox"/> Anchorage Branch |
| <input type="checkbox"/> Alternate Address: | |

Note: We must already have the alternate address on file in order for checks to be sent to the alternate address

| THIS SECTION IS FOR CREDIT UNION USE ONLY | |
|---|---|
| This form processed by: _____ | Date: _____ Time: _____ |
| Check ordered by: _____ | Date: _____ Time: _____ |
| Billing (charged to): | <input type="checkbox"/> Member <input type="checkbox"/> Credit Union |