

**PHONE REQUEST TO HAVE CASHIER'S CHECKS READY**  
**(TO BE USED IN EMERGENCY SITUATIONS ONLY)**

DATE: \_\_\_\_\_

TELLER INITIALS: \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_

ACCOUNT# W/SUFFIX: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** (INCLUDE EVERYTHING MEMBER WANTS PRINTED ON THE CHECK)

REMITTER: (MUST BE MEMBER OR JOINT OWNER) \_\_\_\_\_ AMOUNT \$

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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3. \_\_\_\_\_  
\_\_\_\_\_  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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\_\_\_\_\_  
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**FAX COMPLETED FORM TO APPROPRIATE BRANCH.**