

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.	_____	_____

3.	_____	_____

4.	_____	_____

5.	_____	_____

FAX COMPLETED FORM TO APPROPRIATE BRANCH.