

Account Number: \_\_\_\_\_

**INFORMATION ON CHECKS**

Member's Name: \_\_\_\_\_  
Joint Owner's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Apt/Unit No: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: (optional) \_\_\_\_\_

**CHECK STYLE & QUANTITY**

Style: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Quantity:     1 Box     2 Boxes  
Ship To:         Member     Credit Union

**AUTHORIZATION**

I, \_\_\_\_\_, authorize FiCare 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.

\_\_\_\_\_    \_\_\_\_\_  
Member's Signature    Date

**TOTAL PRICE**

(This section is to be completed by the FiCare Member Service Representative)

- Bill Member—Member Pays (Price starts at \$22.00)
- Bill CU—Member Pays \$0