

# Cashier's Check Request Form

Company Name:					
Contact Name:			Title:		
Phone:		Fax:		Email:	

**Check Requests Cut Off Time: 3:00 PM Eastern Standard Time (Any requests received after 3:00 PM will be processed the next business day.)**

**Choose one of the following delivery options:**

**\*Note\* Charges apply for delivery options by Fedex. Account will be billed.**

Standard Mail Delivery

Fed Ex Two Days delivery

Fed Ex 1st priority overnight by 10:30 am

Fed Ex overnight delivery by 4:30 pm

**Check Delivery Address: Choose one of the following:**

Send check to Company's address on file

Send check to the Payee's address as shown below

Debit Account Number		Debit Account Name:	
Check Amount: (show amount in dollars & cents example: \$100.52)			
Payee's Name:			
C/O:			
Payee's Address Line 1			
Payee's Address Line2			
Comments/Instructions:			

\_\_\_\_\_  
AUTHORIZED SIGNATURE\*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE\*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**\*Authorized Signature must be a signer on the debit account**

Please return the completed signed form by e-mail to: ComCashMgt@ncb.coop