

VIRGINIA CREDIT UNION

Check Order Form

Checking Account # _____

Date _____

Daytime Phone (_____) _____

Please print or type information as it is to appear on your checks.

Name(s) _____

Joint Owner Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

Optional information to be printed _____

Mailing Address (if different from above)

Address _____

City _____ State _____ Zip _____

Starting number _____ (Use 101 – 8001)

VACU check design¹: Custom Other _____

Quantity 1 box 2 boxes 4 boxes

Type of Checking Account Regular Checking Plus

Program² Relationship 1 Relationship 2 Relationship 3 Relationship 4

¹ Custom checks are the most economical choice. For other choices, please call Member Services.

² Ask us for details about these programs.

Please complete this order form and return it to Virginia Credit Union to order new checks.

If you have any questions about how to complete this application, please call Member Services at (804) 323-6800 or (800) 285-6609 for assistance.

Please return to:

Virginia Credit Union
P.O. Box 90010
Richmond, VA 23225-9010