

Check Order Form

Checking account number _____

Date _____

Daytime Phone (____) _____

Please print or type information as it should 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 than above)

Address _____

City _____ State _____ Zip _____

Starting number _____ (use 101-8001)

VACU check design¹ Specialty Other _____

Quantity 1 Box 2 Boxes

Check style Duplicate Single Wallet

Type of checking account Regular Checking Plus Other _____

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.

Virginia Credit Union

Attn: Member Services

P. O. Box 90010, Richmond, VA 23225

¹Specialty checks are the most economical choice. For other options, please call Member Services.

