

## **CASHIER'S CHECK REQUEST**

Please complete all the information below, print, sign and return to us at the following address:

## **Nizari Progressive FCU**

11770 University Blvd. Sugar Land, TX 77478

**Note:** There is a \$3.00 fee for each request. This fee will be assessed to the account from which the funds are withdrawn.

	MEMBER IN	FORMATION		
Name:			Member #:	
Daytime Phone #:		Evening Phone #:		
Account to Debit:	☐ Checking Account	☐ Savings Account		
	CHECK INC	OPMATION		1
CHECK INFORMATION				
Payable to:				
Check Amount:				
IMPORTANT- PLEASE READ reat your cashier's check is LOST or STOLEN, it CANNOT BE REPLACED FOR 90 DAYS. In addition, you will be required to indemnify the Credit Union from any osses that might arise should the missing Cashier's Check be negotiated, and you may be required to obtain an indemnity bond.				
SIGNATURES				
Signature:			Date:	

PLEASE ATTACH A COPY
OF DRIVERS LICENSE