

CHECK ORDER FORM FOR LA CAP CHECKING

Complete and Return to La Cap.

Member Number: _____

New Order Reprint

1. BASIC INFORMATION TO BE PRINTED ON YOUR NEW CHECKS

Please print name(s) and address as they are to appear on your checks. Or, attach a voided check or deposit ticket from your present checking account if you wish the information to be printed the same.

Name _____

Address _____

City _____ State _____ Zip _____

2. OPTIONAL INFORMATION YOU MAY WISH TO HAVE PRINTED ON YOUR CHECKS

Complete only the information you want printed on your checks (leave others blank.)

Phone No. _____ Driver's License No. _____ State _____

Employer _____

Other _____

3. SELECTION OF CHECKS

Preferred Starting # _____

Select the style of checks you prefer by reviewing the colorful brochure in La Cap's Checking Switch Kit. Then, complete your order by answering the following:

• **Style Choice** (check one) Wallet Duplicate Deskbook

• **Design Choice** (print name of design from Checkbook Price listing)

• **Cover Choice** (see brochure)

Complimentary Covers: Blue Green Black Wine Grey

Leather Cover Style (extra charge) _____

• **Quantity of checks you wish to order** [1] Box of 150 checks [2] Boxes of 150 checks each

• **If you wish to have special lettering-specify style** _____

• **Are you over age 65?** yes no

NOTE: Your La Cap Checking Account will be automatically charged for the cost of your check order. You WILL NOT RECEIVE A NOTICE of the deduction; however, the amount will be shown on your monthly statement.