

# CHECK ORDER FORM



**RTN Federal Credit Union**  
 600 Main Street  
 Waltham, MA 02452

**Checking Account Number**

**Order Type**  
 Initial  
 Reorder

**Number of Boxes**  
 1    2    3  
 Other: \_\_\_\_\_

**Starting Check Number**

**Date**

**The information in the six lines below will appear on your check**

Line #1

Line #2

Line #3

Line #4

Line #5

Line #6

**Billing (check one)**

Member    RTN FCU    Retiree

Other: \_\_\_\_\_

**Monogram or Accent Code** \_\_\_\_\_

**Style Code** \_\_\_\_\_

**Type Style (if different from default)** \_\_\_\_\_

**Optional Accessories Codes**

Covers \_\_\_\_\_

Wallets \_\_\_\_\_

Stamps \_\_\_\_\_

**Center Accent**

**Signature Cut:**

**Shipping address (if different from above)**
