



## CHECK ORDER FORM/OPT-OUT REQUEST

Please complete this form or legibly print the information you would like printed on your checks.

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Joint Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting Number: \_\_\_\_\_ ex. 101

Your complementary initial check order should arrive in 7-10 business days.

Additional checks and styles can be ordered on line at [www.DOLFCU.org](http://www.DOLFCU.org) or at [www.ordermychecks.com](http://www.ordermychecks.com).

### Opt-Out: (check all that apply)

This information will be used to update/establish your account preferences.

- I opt-out of the automatic approval of a debit/check card.
- I opt-out of It'sMe247 Online Banking Access.
- I opt-out of e-Statements. e-Statements are safe and secure through It'sMe247 Online Banking.

Signature \_\_\_\_\_

Date \_\_\_\_\_