

**Edco Federal Credit Union**

**Information for Ordering Checks**

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

Complete the following:

Style of checks \_\_\_\_\_

Number of Boxes \_\_\_\_\_ (150 per box )

Next starting Number \_\_\_\_\_

Any changes in address or phone number? [ ] Yes [ ] No

If yes, please complete the following:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Need new cover? [ ] Yes [ ] No

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax or mail to:

Edco Federal Credit Union  
1165 North Ridge Road E.  
Lorain, Ohio 44055  
Phone 440-233-4878  
Fax 866-936-6950