



Please type or print information as it appears on checks

Style Code

1 Box 3 Boxes
 2 Boxes ___Boxes

Starting Check No.

Date

/ /

Line 1

Monogram or Accent:

Line 2

Sig. Line Message (two 40-character lines max)

Line 3

1

Line 4

2

Line 5

Please return to:

Line5

White River Credit Union
96 Main St – P.O. Box 419
Rochester VT 05767

Shipping address (if different from check)

Credit union use only

FI Contact Name:

211691279

Billing (circle one)

Acct #: _____

Account Holder Financial Institution FI Employee

Other _____