



Kamehameha
Federal Credit Union

1620 N School Street, Suite 116 | Honolulu, HI 96817-1849
Phone: (808) 842-9660 | Fax: (808) 842-6499
www.kamehamehafcu.org

Request for Debit or Check Order

MEMBER INFORMATION			
Name: _____		Account: _____	
Contact Number: _____		Date of Request: _____	
CHECK ORDER			
Name(s) on Check		Beginning Check #	
		Amount of Checks:	
		<i>(1 box = 80 Checks)</i>	
Address on Check		Style	
		WDRGN - Standard Kamehameha FCU Check Style	
Additional Info (If needed)		<i>Inquire for different selections</i>	
Phone Number: _____		Style Code: _____	
Phone Number: _____			
DEBIT CARD ORDER			
Member(s)		Select One	
MA: _____		Debit Card & PIN Mailer	
J1: _____		Debit Card (ONLY)	
J2: _____		PIN (ONLY)	
Reason: _____			
AUTHORIZATION			
By signing below, I agree to the terms and conditions of the Debit Card or Check Order Agreement and to any amendment the Credit Union incorporates herein.			
X			
Signature _____		Date _____	
FOR CREDIT UNION USE ONLY			
Card No: _____	Card No: _____	Card No: _____	Exp: _____
Teller: _____ # _____		Date: _____	
Audited By: _____		Date: _____	