

CHECK WITHDRAWAL REQUEST FORM

(check withdrawal request of \$10,000.00 or more)

I, _____, am requesting a check in the
Member Name (print)
amount of \$_____ be withdrawn from my share/draft account
and be mailed to my address listed on my account. By signing this form, I am
releasing Parkview Community Federal Credit Union from any and all liability
associated with the check being delivered to me in this fashion. Should the check
be lost or stolen, I will not be able to place a stop payment on it and I am aware
that the funds may not be recouped at any time.

Date

Member Signature

Member Number & Suffix

FOR CREDIT UNION USE ONLY

Original Request made on _____ by phone/mail/PARKLINE/PC Banking/fax (circle one) to _____
Date Employee Name

Check Withdrawal Request Form received completed & signed via _____ on _____
(Fax/Mail/Email) Date

Check mailed to member on _____ by _____
Date Employee Name