



Association Banking Cashier's Check Request Form

Management Company Name:					
Contact Name:		Title:			
Phone:		Fax:		Email:	

Check Requests Cut Off Time: 3:00 PM Eastern Standard Time (Any requests received after 3:00 PM will be processed the next business day.)

Choose one of the following delivery options:

***Note* Charges apply for delivery options by Fedex. Account will be billed.**

Standard Mail Delivery

FedEx Two Days Delivery

FedEx Priority Overnight Delivery by 10:30 am

FedEx Standard Overnight Delivery by 4:30 pm

Check Delivery Address: Choose one of the following:

Send check to Property Management's address on file

Send check to the Payee's address as shown below

Debit Account Number		Debit Account Name:	
Check Amount: <i>(show amount in dollars & cents example: \$100.52)</i>			
Payee's Name:			
C/O:			
Payee's Address Line 1			
Payee's Address Line 2			

Comments/Instructions:	
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Authorized Signature*

Printed Name

Date

***Authorized Signature must be a signer on the debit account**

Please upload the completed signed form or email to: lockboxsupport@ncb.coop