

Request for Cashier's Check

Office Use Only

Check # _____

Payable To _____

Your Full Name _____

Amount of Check _____

Reference Information (if applicable) _____

XFCU Account Number _____

Purpose of Check _____

Daytime Telephone Number _____

Evening Telephone Number _____

IMPORTANT - PLEASE READ

Treat your Cashier's check as if it were cash. If your Cashier's check is LOST or STOLEN, it CANNOT BE REPLACED FOR 90 DAYS. In addition, you will be required to indemnify the Credit Union from any losses that might arise should the missing Cashier's check be negotiated, and you may be required to obtain an indemnity bond. All telephone requests for a Cashier's check require a photocopy of your current Driver's License and your signature.

Signature _____

Date _____

Photocopy of Driver's License below:

PLEASE RETURN SIGNED COPY AS SOON AS POSSIBLE TO:

**XCEED FINANCIAL FEDERAL CREDIT UNION
888 North Nash Street
El Segundo, CA 90245-9975
Attn: Contact Center**

or fax the completed form to 310.640.0727

Please note that the deadline for a "Request for a Cashier's Check" is 12pm PST.