

**Liberty**

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

Typestyle (if different from default):

Line 2

*Billing (circle one):*

Optional Accessories:

Line 3

Covers

Line 4

Wallets

Enter Product Code

Stamps

Line 5

Monogram or  
Accent:Center  
Accent:Sig  
Cut:

Line 6

 Check if 2nd Line for 2nd Signature neededShipping  
Address  
(if different  
from check)

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

FI Contact  
Name:

Phone:

**256078255A****000000**

Acct #: \_\_\_\_\_

**Expiration Date:**A. B. & W. Credit Union  
6201 Richmond Highway  
Alexandria, VA 22303