



Third Party Check Authorization Form

Revised August 2016

Staff Processing Request:	
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To be completed **ONLY** if the check is made payable to a third party.

I authorize Ashland Credit Union to draw a check made payable to:

Payable to:	
Amount:	
Purpose:	
From This Account:	Checking: Savings: Money Market: Other: _____

Member Name:	
Member Number:	
Address:	
Contact Phone:	

Authorized Signature:		Date:	
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Verified by:		Date:	
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ID Verification Completed On:	
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