



West Gate Bank Personal Check Order Form

Date _____

Account Number _____ Type of Ckg Acct _____

Customer Name _____ Start # _____

CUSTOMER CONTACT NUMBER _____

Branch Pickup I would like to pick up my order at the _____ branch.

OR

Mail Out I would like WGB to mail my checks to _____

Please provide my new checks with the SAME information as the last order.

OR

Please provide my new checks with the following information
(please fill out the information below as you would like it to appear on your checks)

Name _____ Phone # _____ - _____ - _____

Other _____

Address _____

City, State, Zip _____

\$ _____ **WGB Green**

	Pick Up	Mail Out
Wallet _____160 _____320	\$10.00 \$17.50	Wallet _____160 _____320 \$15.00 \$27.50
Duplicate _____160 _____320	\$12.00 \$22.50	Duplicate _____160 _____320 \$17.00 \$32.50

\$ _____ **Yellow**

Wallet _____160 _____320	\$12.50 \$23.00	Wallet _____160 _____320 \$17.50 \$33.00
Duplicate _____160 _____320	\$17.00 \$28.00	Duplicate _____160 _____320 \$22.00 \$38.00

\$ _____ **Blue**

BANK USE ONLY

Received by _____

Programmed by _____

Revised 07-08