



CHECK REQUEST FORM

For Non-Retirement Accounts

Please note that the request will take longer than usual process time due to COVID-19.

Date: _____ Velox Account Number: _____

Amount: _____ Account Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please send the check by:

☐ Regular Mail

☐ Overnight

Please note that overnight fee will be charged to your account.

SIGNATURES (All parties on the account must sign below.)

Account Owner Signature: _____ Date: _____

Account Co-Owner Signature: _____ Date: _____

CORRESPONDENT APPROVAL (A principal must approve the request.)

Name of Principal: _____ Date: _____

Principal Signature: _____

INTERNAL USE ONLY:

Registered Principal Approval:

Principal Name: _____ Signature: _____ Date: _____

Principal Name: _____ Signature: _____ Date: _____