



One Peregrine Way  
Cedar Falls, IA 50613  
800-553-2575  
Member FINRA & SIPC

**CHECK REQUISITION**

**Date:** \_\_\_\_\_

Please send a check for \$ \_\_\_\_\_ or Balance \_\_\_\_\_

**From:**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**To the Address on the Account:**

**Via:**

\_\_\_\_\_ Regular Mail – no charge

\_\_\_\_\_ Overnight - \$30.00

\_\_\_\_\_ Saturday Delivery - \$40.00

(Customer Signature)

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

If Joint Account (Customer Signature)

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

**Internal Use Only:**

Software \_\_\_\_\_