NATIONAL BANK OF CANADA

CHECK ORDER REQUEST FORM

Account Name: _____

Account Number: _____(*to be inserted at a later date*)

Name and address as to appear on checks:

_____

_____

_____

1. Phone number needed: □ no □ yes (indicate phone number) _____

2. Fax number needed: □ no □ yes (indicate fax number) _____

3. Number of checks needed _____Starting number; indicate either 1001 or _____
   (Minimum order of 250 (3 on a page) or 40 for traveler size only)

4. Binder needed: □ no □ yes

5. Duplicate copies needed: □ no □ yes

6. Deposit Slip needed □ no □ yes

7. Number of signature lines: □ 1 or □ 2

8. Please check type of delivery desired:
   □ FedEx (overnight)
   □ Standard UPS (10-day delivery)
   □ FedEx billing account number #_____

9. Mailing address:

_____

_____

_____

Attn: _____

Other special instructions:
_____
_____

Please Fax to Attn: Cash Management Dept. at 1-866-975-4733