

Instructions: Complete this form to order checks from NJ/ARM. Please fax the completed form to the NJ/ARM Client Services Group at 1-800-252-9551.

ACCOUNT and ORDER TYPE: (Please fill this section out completely.)

Investor Name: _____
(Name that appears on Program records)

TIN: _____
(Taxpayer Identification Number)

NJ/ARM Account #: _____
(Account # that checks will clear out of)

New Order (For new checks, please complete the Checkwriting Authorization form and send along with this document.)

Reorder (Please attach a voided check or a copy of the reorder form)

CHECK DETAIL: (Please complete the check detail options below.) (* = Optional)

- 1. Pick a style: 3-Page Business (Manual) Quantity: 300 600 Other: _____
- 3-Page Business (Laser) Quantity: 250 500 Other: _____
- Classic 50 (Blue Only) Quantity: 50 100
- Laser Checks Quantity: 250 500 Other: _____

↳ Please select the Laser Check placement: Top Middle Bottom

- 2. Pick a color: Blue Green Burgundy Tan
- 3. How many signature lines are required on each check? 1 2 3 (Not an option for Classic 50 orders)
- 4. What is the starting check number? _____ (If not provided, #101 will be the starting check number.)

* Check this box if reverse order is desired:

CHECK PERSONALIZATION: (This information will appear on the top left-hand corner of each check. Custom logos are not permitted.)

Investor's Name: _____

NJ/ARM Account Title: _____

Personalization: _____

Personalization: _____

Personalization: _____

ENVELOPES: (Available for Laser Checks only.)

- Pick a style: Self-Sealing Quantity: 500 1000 Other: _____
- Regular Gum Seal Quantity: 500 1000 Other: _____

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

- Standard UPS Ground delivery (Allow 2 to 4 weeks)
- Rush Shipment (Additional charges paid by Investor)
- Fastrack \$29.95 Overnight

Mailing Address:

Attention to: _____

Physical Address: _____

(No P.O. Box) _____

SIGNATURE: (Please have a Contact authorized per Program records sign below.)

Authorized Signature Date Phone #

Print or Type Name of Authorized Signatory Title/Position Email Address

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: NJ/ARM Client Services Group
1-800-252-9551

MAIL TO: NJ/ARM Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2016.02	DATE	INITIALS
Processed		
Confirmed		