PORTFOLIORESOURCES
INTERNATIONAL **G R O U P**

CHECK ISSUANCE REQUEST

Today's Date:

For questions please call your broker

CHECK ISSUANCE REQUEST

CUSTOMER INFORMATION

Account Name:

Account #:

Client Phone Number:

INSTRUCTIONS

Amount (US $):

Written Amount (US $):

Is the check being payable to the registered name on the account?

☐ Yes
☐ No

If NO, clearly indicate to whom the check should be made payable:

DELIVERY METHOD

☐　**Send check to the Local Office and I will pick it up (from there).**

☐　**Please send check by regular mail to the address listed below.**

☐　**Please send check by courier service to the above address and debit charges from my account.**

Other Information:

_____
Authorized Signature

_____
Authorized Signature

_____
Authorized Signature

Authorized Signature

Broker's Verification

Broker's Name:_____