

# CASHIER'S CHECK REQUEST

To: Wintrust Community Advantage/Deposit Services

Fax: 847-842-8904

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

Management company: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_

Association name: \_\_\_\_\_

**From account:** \_\_\_\_\_

Payable to: \_\_\_\_\_

Dollar amount: \$ \_\_\_\_\_

Authorized signature(s):

\_\_\_\_\_  
\_\_\_\_\_

**FOR BANK USE ONLY**

*Transaction processed*

Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Officer: \_\_\_\_\_