

First Initial & Last Name: _____

Birth Month/Day: _____ (ex. 9/16)

For security purposes, only fill out your first initial, last name, month and day you were born

FILL IN THE CHECK

Fill in the blanks using the terms from the word bank

Void	Endorse	Balance Forward
Signature Line	Credit	Check
Debit	Account Number	Stub
Amount Line		

1. I subtract the check amount from the _____.
2. I sign the _____ to validate the check.
3. When buying clothes, I use a _____ instead of using cash.
4. The check amount is recorded in the check _____.
5. A mistake was made when writing my check, therefore, I must _____ it.
6. In order to cash your check you must _____ it.
7. When filling in the _____, I fill in the remaining space with a line.
8. The amount you record on the check is referred to as _____.
9. If the credit union makes a mistake on your account, they will _____ your account for the amount of the mistake.
10. The _____ is the lower left-hand corner of the check.

Return via email to Whitney Landry at wlandry@bayportcu.org, drop off at any BayPort branch location, or mail to:

BayPort Credit Union
ATTN: Whitney Landry
One BayPort Way, Suite 350
Newport News, VA 23606