



Signature Sample Form

To provide the highest level of security for your accounts, we ask that you, the account owner, provide us with a sample of your signature. Without this signature, we will be limited in our ability to perform certain transactions. Please sign on the signature line below and return this form to us as soon as possible.

Member information

Member: _____ **X** _____
(Print name) (Signature)

Please return to:

STCU
P.O. Box 1954
Spokane, WA 99210-1954

STCU use only

Date received:	OP #:	OM#:
----------------	-------	------