

**Merrill Lynch Professional Clearing Corp.
Check Request**

Forward Checks request to 222 Broadway , 6th Floor Attn: Margin Dept.

Equity _____

Any requests received after 11:00 A.M. will be processed the next business day.

Reg.T _____

Client Name Requesting Check: _____

Haircut _____

Telephone Number: _____

DATE _____

Have check delivered to:

DEBIT ML Pro ACCOUNT	CHK	PAYABLE TO	AMOUNT		REASON/DETAIL (MUST INCLUDING EXISTING GROUP/ACCT ACRONYM)	MLPCC USE
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					
009-	CHK					

Requesting Person/Company

Merrill Lynch Professional Clearing Corp.

Prepared by: _____

Reviewed by: _____

Approved by: _____

Approved by: _____

(must be an authorized signature)

Risk Approval: _____

Margin Approval: _____