

**YOUR COMPANY NAME**

YOUR ADDRESS  
YOUR CITY, STATE ZIP  
YOUR PHONE #

**BANK NAME**  
CITY, STATE ZIP

123456

ABA FRACTION

CHECK NO.

**PAY**

DATE

AMOUNT

YOUR COMPANY NAME

TO THE  
ORDER  
OF

\_\_\_\_\_  
AUTHORIZED SIGNATURE

MP

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**YOUR COMPANY NAME**

123456



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