

**YOUR COMPANY NAME**

YOUR ADDRESS  
YOUR CITY, STATE ZIP  
YOUR PHONE NUMBER

BANK NAME  
CITY, STATE ZIP

ABA  
FRACTION

123456

CHECK NO.

**PAY**

DATE

AMOUNT

YOUR COMPANY NAME

TO THE  
ORDER  
OF

AUTHORIZED SIGNATURE

MP

⑈ 123456⑈ ⑆ 123456789⑆ ⑈ 123456789⑈

YOUR COMPANY NAME YOUR CITY, STATE ZIP

CHECK NO.

123456