

YOUR COMPANY NAME

YOUR ADDRESS
CITY, STATE ZIP
YOUR PHONE NUMBER

BANK NAME
CITY, STATE ZIP

ABA
FRACTION

123456

CHECK NO.

PAY

DATE

AMOUNT

TO THE
ORDER
OF

YOUR COMPANY NAME

MP



⑈ 1 2 3 4 5 6 ⑈ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ ⑈ 1 2 3 4 5 6 7 8 9 ⑈

YOUR COMPANY NAME

123456

CHECK NO.

YOUR COMPANY NAME

PLEASE DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

123456

CHECK NO.

