

YOUR COMPANY NAME

YOUR ADDRESS
YOUR CITY, STATE ZIP
YOUR PHONE #

BANK NAME
CITY, STATE ZIP

ABA FRACTION

123456

CHECK NO.

PAY

DATE

AMOUNT

YOUR COMPANY NAME

TO THE
ORDER
OF



⑈ 123456⑈ ⑆ 123456789⑆ ⑈ 123456789⑈

YOUR COMPANY NAME

123456

CHECK NO.