COMPANY NAME CITY, STATE, ZIP CODE

000001

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE

CHECK DATE		CHECK NUMBER		TOTALS			

000001

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COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE ZIP

ABA
FRACTION

DATE CHECK NO. AMOUNT

PAY TO THE ORDER OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 87654321O⑈

COMPANY NAME CITY, STATE, ZIP

000001

Form# 220