

COMPANY NAME CITY, STATE, ZIP

000001

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE ZIP

000001

ABA
FRACTION

CHECK NO.

DATE

AMOUNT

PAY
TO THE
ORDER
OF:

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈

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