



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

ABA
FRACTION

000001

ACCOUNT NUMBER

DATE

CHECK NO.

AMOUNT

PAY
TO THE
ORDER
OF

MEMO

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

000001

COMPANY NAME CITY, STATE, ZIP CODE

INVOICE NUMBER	DESCRIPTION	AMOUNT	DISCOUNT TAKEN	NET AMOUNT	
CHECK NUMBER	DATE	ACCOUNT NUMBER	TOTAL AMOUNT	TOTAL DISCOUNT TAKEN	TOTAL NET AMOUNT

000001

COMPANY NAME CITY, STATE, ZIP CODE

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