

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

DATE

AMOUNT

PAY

TO THE
ORDER
OF:

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈