

COMPANY NAME CITY, STATE, ZIP

000001

EMPLOYEE NO.	EMPLOYEE NAME			SOCIAL SECURTY NO.	PERIOD BEG.	PERIOD END	CHECK DATE
EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHHOLDINGS/DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE	
CURRENT AMOUNT	CURRENT DEDUCTIONS	NET PAY	YTD EARNINGS	YTD DEDUCTIONS	YTD NET PAY	CHECK NO.	

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

ABA  
FRACTION

000001

CHECK NO.

PAY

DATE

AMOUNT

TO THE  
ORDER  
OF

AUTHORIZED SIGNATURE



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