

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE ZIP

000001

ABA
FRACTION

DATE

CONTROL NUMBER

CHECK AMOUNT

PAY

COMPANY NAME

TO THE
ORDER
OF

⑈000001⑈ ⑆123456789⑆ 876543210⑈