

000001

EMP. NO./DEPT.	EMPLOYEE NAME		SOCIAL SECURITY NO.	PERIOD BEG.	PERIOD END.	CHECK NO.		
EARNINGS		HRS./UNITS	CURRENT AMOUNT	YEAR TO DATE	DEDUCTIONS		CURRENT AMOUNT	YEAR TO DATE
PAY RATE	CURRENT EARNINGS	CURRENT DEDUCTIONS	NET PAY	Y.T.D. EARNINGS	Y.T.D. DEDUCTIONS	Y.T.D. NET PAY		

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

CHECK

000001

DATE

AMOUNT

PAY

TO THE
ORDER
OF

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

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