

EMP. NO.	EMPLOYEE NAME	DEPT	SOC. SEC. NO.	CHECK DATE

CHECK NO.

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CK. NO. CHECK DATE PAY PERIOD



**YOUR COMPANY NAME**  
 And Address  
 Imprinted, 3 or 4 Lines Here

CHECK NO. **123456**

YOUR BANK NAME  
 ADDRESS  
 CITY, STATE ZIP

PAY THE SUM OF

CHECK AMOUNT

\_\_\_\_\_

⑆ 123456 ⑆ ⑆ 678903458 ⑆ 765 432 1⑆