

YOUR COMPANY NAME



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

YOUR BANK NAME
ADDRESS
CITY, STATE ZIP

12-345
6789

123456

DATE

AMOUNT

PAY

DOLLARS

TO THE
ORDER
OF

MEMO:

AUTHORIZED SIGNATURE

⑆ 123456 ⑆ ⑆ 678903458 ⑆ 765 432 1 ⑆

YOUR COMPANY NAME