BANK IMPRINT INFORMATION

Distributor Name:

P.O. Number:

Customer Name:	**Bank Name:** **ABA Fraction:**
Distributor Instructions:	

Starting Number:	**Arabic No.(S)** ☐ None ☐ Check ☐ Stub ☐ Both	**Consecutive MICR** ☐ Yes ☐ No	**Missing Numbers** ☐ List ☐ Guaranteed No Missing Numbers

57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13
														⑆										⑆																				

⑈ DASH ⑆ Transit ⑉ On Us X Blank