



CHECK INFORMATION FORM

1 Your Company's Name
123 MAIN STREET
ANYTOWN PA 12345

2 BANK'S NAME
BANK'S CITY, STATE ZIPCODE
01-2345/678

5 1001

PAY TO THE ORDER OF

4 _____ AUTHORIZED SIGNATURE

3 **a** **b**

⑈001001⑈ ⑈012345678⑈ ⑈2345678⑈

Please fill out the below information and FAX SECURELY to 724.981.2999.
~PLEASE PRINT CLEARLY~

Reference Order # _____

1 Your Company Information
Company Name _____
Address _____
City _____ State _____ Zip Code _____

2 Bank Location Information
Bank Name _____
Bank City _____ State _____ Zip Code _____
Bank Fractional Location Number Style A: _____ ~or~ Style B: _____ / _____

3 a & b Routing and Account Numbers
3 a Bank Routing Transit Number (9 digits) _____
3 b Bank Account Number (up to 15 digits) _____

4 Number of Signature Lines
 1
 2

6 Check Color
 Blue
 Brown
 Burgundy
 Green
 Teal

7 Check Position
 Top
 Middle
 Bottom

5 Check Start Number
Start with Number: _____

8 Check Order When Completed
Choose 1:
 Low Number on Top
 High Number on Top
Choose 1:
 Face Up
 Face Down

