

YOUR COMPANY NAME

1272



YOUR COMPANY NAME
YOUR PHONE NUMBER
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

YOUR FINANCIAL INSTITUTION
YOUR CITY, STATE AND ZIP
00-000/000

1272

DATE

AMOUNT

PAY
TO THE
ORDER
OF

ITEM #LMP57
COMPATIBLE ENV: CE05B

SAMPLE - VOID

AUTHORIZED SIGNATURE

MP

⑈00 1272⑈ ⑈0000000000⑈ ⑈123 456 789⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

YOUR COMPANY NAME

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