

YOUR COMPANY NAME

Panto S7 Division

STREET ADDRESS
CITY, PROVINCE A1A 1A1

BANK NAME

ADDRESS

CITY, ON A1A 1A1
TEL: (905) 000-0000

PAY

TO THE
ORDER
OF

YOUR COMPANY NAME

PER _____

Please Detach Before Depositing

YOUR COMPANY NAME

YOUR COMPANY NAME

Teller Stamp Here

Endorsement - Signature or Stamp

BACK/ENDOS