

# The Low Vision Centers of Indiana

A Division of the Eye Associates Group, LLC

## Deluxe Guideline Low Vision Checks

CHECKS AND DEPOSITS					BALANCE
NUMBER	DATE	WRITTEN TO / RECEIVED FROM	CHECK AMOUNT	DEPOSIT AMOUNT	\$
			\$	\$	


JAMES C. MORRISON  
1765 N. SHERIDAN RD.  
YOUR CITY, STATE 11090

00-6789/0000

19 1001

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

 **DELUXE** CHECK PRINTERS  
YOUR CITY, STATE 12345

NOT NEGOTIABLE  
SAMPLE-VOID  
DO NOT CASH!

MEMO \_\_\_\_\_

⑈00 100 1⑈ ⑆000067894⑆ 123456789⑈

- High Contrast with Raised Lines for Better Visibility •
- Available Through Your Bank •