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# Checks & Direct Deposit Vouchers Order Form

Fill out onscreen, then use the Submit button to email to SICOM Forms.

## Ship To:

Company: \_\_\_\_\_  
 Owner/Operator (first & last name): \_\_\_\_\_  
 Street Address (cannot deliver to a P.O. Box): \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Deliver to Attention of: \_\_\_\_\_

## SICOM Forms Use Only

PO: \_\_\_\_\_  
 FORM #: \_\_\_\_\_  
 Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Software:

SICOM  Other: \_\_\_\_\_  
 Version: \_\_\_\_\_  
If Other, please contact SICOM Forms before completing form.

## Bill To: (if different than Ship To)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Delivery Options:

Standard Ground (approx. 10 business days)  
 5-Day\* RUSH (\$49 + expedited freight)  
 3-Day\* RUSH (\$100 + expedited freight)  
\* indicates business days

**Quantity:**  500  1,000  2,000  3,000  4,000  5,000  
 6,000  7,000  8,000  9,000  10,000  Other: \_\_\_\_\_

## Start Check #:

## Order Type:

Exact Repeat **Enter Life #:** \_\_\_\_\_  
(in left margin of current SICOM check)  
 Repeat with Change  Blank Check Stock\*  
 New Order \* = info not needed  
**A copy of a current voided check/voucher is required for all new or changed orders.**

## Text Above Signature:

No  
 Yes (indicate text below)  
 \_\_\_\_\_

## Company Name Printed on Current Check:

## For Laser Only:

How Does Your Laser Printer Feed Paper?

Select Type:

Accounts Payable  Payroll  Direct Deposit Voucher\*  Face Up (Standard)  Face Down (Non-Standard)



## Choose One Check/Voucher Color:

Linen:  Blue  Green  Burgundy  Tan  Gray  
 Marble:  Blue  Teal  Burgundy  Other: \_\_\_\_\_

## Print Your Logo on Checks?

No  Yes – Specify logo:  
 \_\_\_\_\_

## Choose One Ink Color: (All imprinting—including logo—will be in this color.)

Black  Same as Check Color  Other: \_\_\_\_\_ (Additional charge)

## Imprint Information—as it should appear on checks

Company Name: \_\_\_\_\_  
 Additional Name (if any): \_\_\_\_\_  
 Address (Street or P.O. Box): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone number on check?  No  Yes \_\_\_\_\_  
 How many signature lines?  One  Two  
 Bank information is needed on check orders only. Direct Deposit Vouchers have no bank information on them.  
 Name of Bank: \_\_\_\_\_  
 Additional Bank Information (if any): \_\_\_\_\_  
 City and State of Bank: \_\_\_\_\_  
 Bank Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Bank Fraction Number (Example: 64-1/610): \_\_\_\_\_

## Order Confirmation:

Name/Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Submit Form**

By clicking the Submit button above, I request that checks be ordered and printed as shown on this form. I agree to verify the accuracy of the printed checks upon receipt and notify SICOM Forms within 30 days of any differences.

You will receive an order confirmation within 24 hours of receipt. Thank you for your order!  
 ORDER DEPOSIT TICKETS, DOUBLE-WINDOW ENVELOPES, SECURITY BAGS ON SEPARATE FORM.  
 See all the available check colors and formats at <https://support.sicom.com/accounting-payroll/checks-forms/>