Deluxe Cash Management Supply Program

Fax: **800-784-7390** • Phone: **800-428-7629**
Email: **cashmanagementsupplies@deluxe.com**
Hours: **7:00 am — 5:00 pm CST**

ORDER FORM

DELUXE Cash Management Supply Program

Please fill out form completely to ensure accuracy.

☐ Fax Confirmation Requested

Email Address _____ Fax Number _____

Customer Information

Customer Name _____

Customer Phone Number _____

Company _____

Address _____

City _____ ST _____ ZIP _____

Deluxe Customer #: _____

Billing Options: ☐ ACH ☐ Invoice* *(Ask about monthly option)* ☐ Credit Card

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Card #: _____ Expiration Date _____

Financial Institution Information

Financial Institution _____

Address _____

Address _____

City _____ ST _____ ZIP _____

PRODUCT SECTION

MICR Imprint Instructions

Up to 10 numeric digits available for constant and consecutive numbering. Varies by product.

☐ Constant #: *(Example: location code, number remains the same on all documents)*

☐ Consecutive #: *(Example: check number, changes on every document)*

Auxiliary On Us Field (Optional) | Routing Field (Required) | Account Number Field (Required)

CHECKS

Product #: _____

Quantity: _____

Parts: ☐ 1 part ☐ 2 part ☐ 3 part ☐ 4 part

Color: _____

☐ Add extra signature line

☐ Add wording above signature

_____

Check number sequence: ☐ Face up in printer ☐ Face down in printer

Starting #: _____

Check Imprint

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

DEPOSIT TICKETS

Product #: _____

Quantity: ☐ 200 ☐ 400 ☐ 800 ☐ 1,600

Parts: ☐ 1 part ☐ 2 part ☐ 3 part ☐ 4 part

Deposit Ticket Imprint (☐ same as check imprint)

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

ENDORSEMENT STAMPS

Quantity: _____

☐ Self-Inking ☐ Pre-Inked

Additional stamp options available (Name & Address, Custom, etc.) – please call for details.

DEPOSIT BAGS

Product #: _____

Size: _____

Quantity: _____

SHIPPING INFORMATION

Company _____

Address _____

Address _____

City _____ ST _____ ZIP _____

Email Address _____

Shipping Methods:

☐ Standard Shipping *(Ground UPS 7 to 10 business days)*

☐ Second Day Air *(5 business days)*

☐ Next Day Air *(Order must be received by 11am CST)*

Comments:

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For more information visit: **deluxe.com/cashmanagement**