IMPRINT SPECIFICATIONS	CUSTOMER NUMBER						SUFFIX			
for STATEMENTS BANK-A-COUNT CORPORATION							_			
P O Box 167 1666 Main St Rudolph WI 54475-0167										
Phone (715) 435-2017 FAX (715) 435-4616	Designir	ng your S	tatements							
1) Distribution Mail statements directly to the end user	Design the format of your statements by completing this form. When filling out this form it is important to keep in mind that you are tailoring all black printing to your needs.									
Ship statements to our office	Provide specific written instructions for any special requests you may have.									
Optional Products			per" is used in							
FOLDED LETTER – Please include 8 ½" x 11" to be	combination of these numbers is critical to the proper printing of your finished product. You will control the suffix numbers yourself above for each imprint.									
reproduced.	Allow 2 b	usiness da	ys for impler	mentation.						
(2)		2) Retu	ırn Addre:	ss to be	used in	case of	undelive	rable ma	ail	
Maria Spin State No. on										
100 Multi ST Describe 30.012/20 Massellar ST4.6.93										-
OR SINDRET SALESSISSISSISSISSISSISSISSISSISSISSISSISSI										-
SATE DESCRIPTION SANIES OFFER TO SEE										-
COMPANT COMMENTS BEVELLAND ASSESSMENTS RECEIVABLE SEE DB SEV BELLANCE - PERSON AND THES AMERICAN 1556-16 1556-16		City					State	9 0	igit Zip	_
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		3) Nam	e and Ad	dress of	f Payee	to which	n remittaı	nces sho	uld be	
Assistation of the second of t		addres	sed							
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427 Say 0000009999977 080340 0055400 8										-
(5) (8)										-
		City					State	9 0	igit Zip	-)
6) Logo Area		4) Late	Foos						0 1	
☐ Use_attached logo*			ment were		uled for tl	he 1 st , la	ate fee a _l	oplies Af	TER tl	he
☐ Print logo as a shadow also☐ Use Logo # on file	th of month.									
500 <u>10</u> 30 <u>//</u>		Late charge amount to be added to the Amount Due is \$								_·
					0	R				
7) Statement Body			arge to be	calcula				nount Du	ıe, with	а
☐ Use Standard		minimu	m of \$		and	d a maxi	imum of	\$		
1 – This is your notice of payment due			·		,			•		_
 2 – Detach at the bottom and return it with your check in the envelope provided. 3 – Your canceled check is your receipt. Use what is on data file 	•									
Ose what is on data life		5) Opti	onal Text	Area (2	5 char. F	Per line))			
Use our stored standard body #										-
☐ Use Attached*										-
										_
8) Scan Line Complete grid or attach current sample	e.						0 1			_
		, , ,	OCR	የ-A	3-	of-9 Bar	Code		☐ MIC	H
55 50 40 * Extra Charge Items – contact us for details		30	1 1 1	20			10		, , ,	1