

FOR EDUCATIONAL PURPOSES ONLY

1234

1. 1/23/2025
DATE

2. PAY TO THE ORDER OF STATE DEPARTMENT OF HEALTH

3. \$ **150.00**

4. one hundred and fifty dollars and 00/100 DOLLARS

5. FOR LICENSE

6. Your Signature Here

00000001 111 222 333 1234
(ROUTING NUMBER) (ACCOUNT NUMBER) (CHECK NUMBER)

GENERAL INSTRUCTIONS FOR WRITING A CHECK

1. Enter the date following month/day/year format
2. Enter "State Department of Health"
3. Enter the numerical form of dollars and cents to be paid \$____.____
4. Enter the written form of the dollars and cents to be paid
5. Enter what the check payment is for
6. Sign the check



Questions? Contact: Hawai'i State Department of Health, Indoor & Radiological Health Branch, **808-586-4700**