FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROV	Δ	V	O)	R	Р	Р	Α	ΛB	ЛC	(
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OMB Number:	3235-0287
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hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SCHLAIS WARNER F			2. Issuer Name and Ticker or Trading Symbol DELUXE CORP [DLX]		onship of Reporting P all applicable) Director Officer (give title below)	Person(s) to Issuer 10% Owner Other (specify below)
(Last) 3680 VICTORIA S	(First) (Middle) ICTORIA STREET N.		3. Date of Earliest Transaction (Month/Day/Year) 04/27/2005		,	and CIO
(Street) SHOREVIEW	MN	55126	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	Form filed by One F	ling (Check Applicable Line) Reporting Person than One Reporting Person
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(msu. 4)
Common Stock	04/27/2005		A		540	A	\$0	11,988(1)	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative		Expiration Date (Month/Day/Year) Securities Underlying Derivative Security (Instr 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units	\$0 ⁽²⁾							(2)	01/25/2007	Common Stock	4,071		4,071	D	
Common Stock Option	\$47.67							03/14/2003 ⁽³⁾	03/14/2009	Common Stock	20,000		20,000	D	
Common Stock Option	\$38.54							03/10/2004 ⁽³⁾	03/10/2010	Common Stock	22,500		22,500	D	
Common Stock Option	\$42.35							05/04/2005 ⁽³⁾	05/04/2011	Common Stock	2,400		2,400	D	
Common Stock Option	\$39.63	04/27/2005		A		2,610		04/27/2006 ⁽³⁾	04/27/2012	Common Stock	2,610	\$0	2,610	D	

Explanation of Responses:

- 1. Includes 1,040 shares of restricted stock.
- 2. Restricted Stock Units were awarded on 1/25/05 under the Company's Stock Incentive Plan. The units will vest and be converted into common stock on the second anniversary of the date of grant if, subject to certain exceptions, the holder remains in the employ of the Company through such date. Award results from an election to receive a portion of the holder's 2004 incentive compensation in restricted stock units in lieu of cash.
- 3. Options vest in three equal installments on the three succeeding anniversaries of the date of grant, provided the holder remains an employee of the Company. Date entered reflects date on which first installment vests(ed).

Remarks:

Anthony C. Scarfone as Power of Attorney for Warner F. Schlais

04/29/2005

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.