



LASER CHECK SIGNATURE FORM

Client Name: _____ Client #: _____

◆ STEP 1: USE BLACK INK. SIGN COMPLETELY WITHIN THE SIGNATURE BOX.

SINGLE SIGNATURE

DOUBLE SIGNATURE

◆ STEP 2: SIGN AGAIN.

◆ STEP 3: PRINT YOUR NAME BELOW.

Please print the name for the above signature.

Please print the names for the above signatures.

◆ STEP 4: GIVE THE COMPLETED FORM TO YOUR PAYROLL REPRESENTATIVE. FAXED SIGNATURES DO NOT REPRODUCE WELL.

The above signature(s) is/are for bank account: _____

This change is for: _____ Payroll Checks _____ Agency Checks

Today's Date: _____

Print Name _____

Effective Date: _____

Authorized Signature _____