



# 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    \_\_\_\_\_ Billing Checks    \_\_\_\_\_ Agency Checks

Today's Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Effective Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_