



Payroll Management Services

Laser Check Signature Form

Client ID #: _____

Client Name: _____

PLEASE SIGN WITHIN THE BOUNDARIES of the appropriate boxes making sure that all 3 boxes are filled-out in black ink. With double signatures, please be sure that BOTH signatures are written in all 3 boxes. To be assured of a clear signature, please sign as neatly as possible.

Single Signatures

All 3 boxes must be signed

Double Signature

All 3 boxes must be signed

Today's Date: _____

Date Needed: _____

IT IS NOT RECOMMENDED TO FAX SIGNATURES. PLEASE SEND ORIGINAL COPIES. TURN AROUND TIME IS APPROXIAMATELY 3 BUSINESS DAYS FROM TIME OF RECIEPT.