

LASER CHECK SIGNATURE FORM

SERVICE BUREAU NAME: CheckWriters Payroll

Client ID # & name: _____

USE BLACK INK ONLY

Please sign within the lines of the boxes below. For two signatures, both names must be entered into a single box.

Please return this completed form to your Sales Representative or mail to CheckWriters. Faxed signatures do not reproduce well and may not be acceptable.

_____ Payroll Checks

Today's Date _____

_____ Billing Checks

Date Needed _____