



LASER CHECK SIGNATURE FORM

Client ID # _____ Client Name _____

USE BLACK INK ONLY

Please sign within the lines of the boxes below. You will need to sign once in each box, because ***three*** signature samples are needed. **If two signatures are needed for check signing, you will need to have both signatures within each box on the right.**

SINGLE SIGNATURE

DOUBLE SIGNATURE (both sign within box)

Please mail this completed form to AccuPay. Faxed signatures do not reproduce well and may not be acceptable.

Please indicate to which checks the signature is to be applied.

Payroll Checks _____ Billing Checks _____ Agency Checks _____ Tax Checks _____

Date Submitted _____

Date Needed _____

Date Scanned _____