



LASER CHECK SIGNATURE FORM

Client ID # _____ Client Name _____

USE BLACK INK ONLY

Please sign within the box below. **If two signatures are needed for check signing, you will need to have both signatures within the box.**

Please make sure your signature does not touch the borders. It is not usable if it touches the border.

Please scan and email or 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 ____ Agency Checks ____

Date Submitted _____

Date Scanned _____

Date Needed _____