

Check Signature Card

Client ID: _____ Client Name: _____ EIN # _____

Bank Name: _____

Bank Routing # (9 digit ABA#): _____

Bank Account #: _____

Name of Signer(s): (1st) _____

(2nd) _____

In order for us to successfully scan a signature for check signing, please follow the guidelines below:

1. Sign the form **TWICE**: once in Box #1 and then in Box #2
2. Please use a **BLACK**, fine tip marker pen.
3. Keep the signature **COMPLETELY WITHIN** the box. Please do not allow your signature to touch the outside lines since they will be removed from the final image.
4. If you are using a double signature, please keep both signatures as close to the center line as possible.

Single Signature Box #1

Single Signature Box #2

Double Signature Box #1

Double Signature Box #2

The signature(s) as above will be digitally scanned and will be used on all payroll checks processed on the above account. The signature(s) will be used until we receive written notice to discontinue.

Authorized Contact (Signature) _____

Date _____