



LASER CHECK SIGNATURE FORM

CLIENT CO# _____

CLIENT NAME _____

PLEASE SIGN WITHIN THE BOUNDARIES OF THE APPROPRIATE LINES MAKING SURE THAT ALL 3 LINES ARE FILLED OUT. TO BE SURE OF A CLEAR SIGNATURE, PLEASE SIGN AS NEATLY AS POSSIBLE.

USE BLACK INK ONLY

SIGN INSIDE BOX, NOT ON THE LINE

Single Signature

Double Signatures (only if required)