



445 Route 304
Bardonia, New York 10954
Tel 845-624-8458 • Fax 845-624-8900

FACSIMILE SIGNATURE AUTHORIZATION

Company Name _____ PayServ ID# _____

Effective Date ____/____/____

Bank Name _____ Bank Account Number _____

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

1. Sign the form twice. Once in box #1, and again in box #2.
2. For best results, please sign using a fine, felt tip marker.
3. Keep the signature COMPLETELY WITHIN the outside lines of the box. DO NOT allow the signature to touch the outside of the lines as they will be removed from the final image.

*** DO NOT CROSS OVER DOTTED LINES ***

SINGLE SIGNATURE - BOX #1

SINGLE SIGNATURE - BOX #2

DOUBLE SIGNATURE - BOX #1

DOUBLE SIGNATURE - BOX #2

By signing below, I authorize the use of the facsimile signature(s) above for the express purpose of signing payroll and payroll related third party checks as prepared by PayServ Corporation. This authorization shall be valid and remain in effect until written notice of its revocation has been submitted to and received by PayServ Corporation.

Full Name (print)

Title

Signature

Date