

LaserSign Form

Company Name _____

Client/Co # _ _ _ _ - _ _

Federal ID# _ _ - _ _ _ _ _

2/19/2009

For Single Signature Checks, the authorized signatory should sign once in all three boxes below at left. For Double Signature Checks, one signatory signs in the upper portion of all three boxes below at right; the other signatory signs in the lower portion of all three boxes.

Bank Name

Bank Account Number #

EACH SIGNATURE ***MUST*** BE CONTAINED ENTIRELY INSIDE OF THE DESIGNATED BOXES (Do NOT sign OUTSIDE of the lines)

***** PLEASE USE BLACK INK ONLY *****

For **SINGLE** Signature, Please sign inside of **EACH** of the three boxes listed below...

For **DOUBLE** Signatures, Please sign inside of **EACH** of the three boxes listed below using **BOTH** signatures.

Printed Name

Printed Name

Printed Name

Client authorizes Payville USA to place these original signatures on checks related to the bank account as stated above. Incorrectly supplied information may result in additional charges and could also result in payroll processing delays. The individual whose signature appears below represents and warrants that he or she has the full power and authority to execute this form.

Authorized Agent Name

Title

Authorized Agent Signature

Date