



CheckMark, Inc.
 724 Whalers Way, Ste. H-101
 Fort Collins, CO 80525-7541
 Fax: 970-225-0611
 Email: payrollservices@checkmark.com

Signature Scan Form
 (Extra Charges Apply)

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Company Name:	
Person requesting signature within your Company	Authorizing person approving this scan:
Signature Name (1) TOP (please sign your name 3 times below)	Signature Name (2) BOTTOM (please sign your name 3 times below)

IMPORTANT INSTRUCTIONS & NOTES:

- All signatures request forms **MUST** have the name of the person requesting the signature as well as an authorizing individual within the company approving.
- Please sign signature inside of **all three** (3) boxes. If part of the signature is on the outside of the box, it will NOT show up.
- Mail original form to the address above – Attention Payroll Services. **Please do not fax this form.**

PLEASE CHECK ONE:

- One (1) signature required on checks
- Two (2) signatures required on checks

Signature (1)

Signature (2)