

CHECK SIGNATURE AUTHORIZATION



DATE: _____

COMPANY CODE _____ COMPANY NAME _____

PLEASE ENTER **ALL** THE COMPANY CODES FOR WHICH THIS SIGNATURE FACSIMILE IS TO BE USED:

NEW - 1ST PROCESSING DATE _____
 CHANGE
 TRANSFER
 ADPCheck Please check for ADPCheck only (The client's signature will appear with the ADP Authorized Signature)
 CHECK STUFFING YES

COMPLETE THE CHECK SIGNATURE AUTHORIZATION AS FOLLOWS:

THE SECTION BELOW SHOULD BE FILLED OUT BY THE PERSON(S) WHOSE NAME IS TO APPEAR ON YOUR COMPANIES' CHECKS. BY SIGNING BELOW, EACH SUCH PERSON HEREBY AUTHORIZES ADP TO SIGN THE COMPANIES' CHECKS USING FACSIMILES OF THE SIGNATURES BELOW AND CERTIFIES THAT IT IS AN AUTHORIZED SIGNATORY OF THE COMPANIES.

- A. PLEASE PRINT THE CHECK SIGNER'S NAME CLEARLY IN THE SPACE PROVIDED (BELOW #1).
- B. PLEASE USE A DARK BLACK INK PEN (FELT TIP FINE LINE OR LIQUID INK IS PREFERABLE). DO NOT USE BLUE INK. PLEASE SIGN ALL THREE (3) SIGNATURE AREAS (BELOW #2). USE THE THREE BLOCKS TO THE LEFT FOR ONE LINE SIGNATURES OR THE THREE BLOCKS TO THE RIGHT FOR TWO LINE SIGNATURES. SIGNATURES MUST BE WITHIN THE BLOCK MARGINS. ANY PART OF THE SIGNATURE OUTSIDE THE SIGNATURE BLOCK WILL CAUSE THAT SIGNATURE TO BE UNACCEPTABLE.

- EXTRA TEXT UNDER 1ST SIGNATURE LINE (i.e. Title) _____
- EXTRA TEXT UNDER 2ND SIGNATURE LINE (i.e. Title) _____

1. PRINTED NAME(S): _____

2. SIGNED NAME(S):
 (FOR ONE LINE SIGNATURE) (FOR TWO LINE SIGNATURES)

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(EXAMPLE)		(EXAMPLE)	
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<i>Your Signature</i>		<i>Jane Doe</i>	<i>John Doe</i>
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YOUR ADP REPRESENTATIVE WILL INFORM YOU OF THE DATE WHEN CHECK SIGNING WILL BECOME EFFECTIVE.