

Pre-signed Checks Authorization

Please fill out the following information, then place signature inside the center of the blank box, away from the lines, the same size you would signing checks.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Print Name: _____

Title: _____

Date: _____

- ☐ Use signature for payroll checks until further notice.
- ☐ Use signature only when requested by employer.

Pre-signed checks with payroll processing charges:

- ☐ \$.50 per check signed
- ☐ \$.75 per check signed and stuffed in envelope
- ☐ \$1.25 for signed, stuffed and mailed to employees address on file

Please Place the Signature Below, as you would like to see on the checks.