

## Signature Scan Form

Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

Client Name: \_\_\_\_\_

This form is being used to record the proper, authorized signature for scanning.  
Please use the following guidelines:

- Mail instead of fax the form. A faxed document loses print quality. Mail to  
Digit Payroll Corp  
PO Box 220  
South River, NJ 08882
- Verify that this signature is the proper, authorized signature for your organization.
- Use a good quality black ink pen when signing your name.
- The line in the middle of the box represents the check signing line. Please sign on the line and in the box. Sign all four boxes.

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