SIGNATURE CAPTURE FORM

COMPANY INFORMATION

Legal Business Name: _____
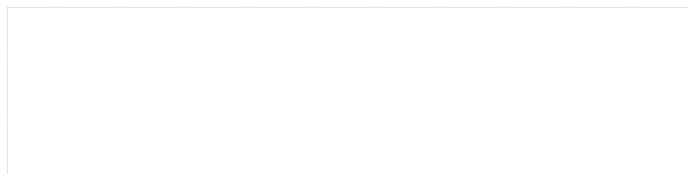
DBA Name (If Any): _____

Signer's Full Name: _____ Title: _____
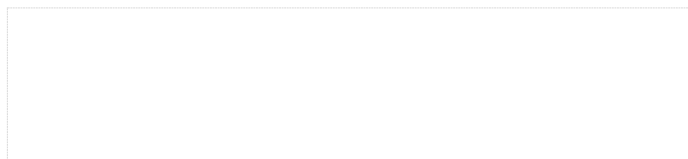
Signers Notes (If any): _____

Please follow these simple best practices for the best results:

1. Please sign from a seated position

2. Use a **black ballpoint pen** (NO marker, please)

3. Hold your pen firmly to ensure that the signature is bold, yet natural

4. Your signature should not touch the sides of the boxes

SIGNATURE

REPEAT SIGNATURE

Please mail these signatures to AccuPay (see address below) or scan them into a high-quality, high-resolution image or PDF and email it to Payroll@accupaysystems.com.

By submitting your signature, you are authorizing AccuPay to sign your payroll checks electronically. To revoke this authorization, please email Payroll@accupaysystems.com.