

Signature Scan Form

Please forward the Original to your Local Advantage Office.

Date: _____ Associate - Client # _____ - _____

Client Name: _____ DBA Name: _____

Is this a Direct Key Client? Yes (or) No If so, what Kind? Pace Instant Payroll

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

Client Instructions:

1. Verify that this signature is the proper, authorized signature for your business/organization.
2. Use a good quality pen (blue or black ink only) when signing your name.
3. **Please keep your signature within the box.** The box represents the space available for signatures on the check. The signature must not touch the box in any way. (Only the signature will get scanned).
4. If two people are required to sign, then both signatures must be entered in the same box as specified below. (One above the other) Please write small enough to stay within the box provided and consider which signature you want to appear on top

Customer Service Rep Instructions:

1. It is imperative that this document **NOT BE FAXED** after it has been signed!! The **original signature** must be sent to the Support Department by the Customer Service Rep. To submit this request to Support, please scan the form and email to the Help Desk. If you do not have a scanner, the original form must be mailed to Support and your request will not be processed until that document is received - even it is past the turn around time.

Boxes for One Signature Only

(Note: Signature must be within the box – not touching the lines.)

David R Sands

↙ (Correct)

David R Sands

(Wrong) ↗

Please sign your name below ↙

Only one box
will
be scanned
← →

This is an extra box, if needed ↙

Boxes for Two Separate Signatures

David R Sands

Susan M. Sands

← Example

Please sign each name below



This is an extra box, if needed



Note: Only Client Owned Checks can have a Signature Scan or Logo– Advantage Checks can not have either.