

LASER CHECK SIGNATURE FORM

Client Name: _____ Client ID: _____

PLEASE SIGN WITHIN THE BOUNDARIES in the appropriate boxes. Make sure that all 3 boxes are filled out. For double signatures make sure that BOTH signatures are written in all 3 times. To be assured of a clear signature please sign as neatly as possible.

USE BLACK INK ONLY

Single Signatures Double Signatures All three boxes must be signed All 3 boxes must have both signatures

	1.		
	2.		
	3.		

IT IS NOT RECOMMENDED TO FAX SIGNATURES. PLEASE COMPLETE THIS FORM AND SEND THE ORIGINAL. TURN AROUND TIME IS APPROXIMATELY 3 BUSINESS DAYS.



9303 New Trails, Suite #100
The Woodlands, TX – 77381.

Today's Date: ____/____/____

Effective Date
For Signature: ____/____/____

Check Type: _____