

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.

