



SIGNATURE DIGITIZATION FORM

1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404
5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967

Today's Date: _____ Effective Date: _____

Client Name: _____ Client Number: _____

1. Sign using the practice boxes below.

NOTE: Any portion of signature outside of dotted lines will not appear on the check.

2. Sign in the "Final Signature" box using a **BLACK INK PEN**.

3. Mail (do not fax) to Payroll Data Services

Practice Boxes

Final Signature Boxes

[Dotted box for practice signature]

[Dotted box for final signature]

[Dotted box for practice signature]

[Dotted box for final signature]

[Dotted box for practice signature]

[Dotted box for final signature]

Signature: _____ Date: _____

Name: _____ Title: _____