

Webb Payroll Service, Inc.

P.O. BOX 756

Gardendale, AL 35071

(205) 631-3614 ■ FAX (205) 631-9199

LASER CHECK SIGNATURE FORM

Client ID Number: _____ Date: _____

Client Name: _____

USE BLACK INK ONLY

Please sign **within the lines** of the boxes below. If two signatures are needed for check signing, use the boxes on the right, both signatures in box.

Single Signature

Double Signature

Give this completed form to your sales representative or mail to Webb Payroll. Faxed signatures do not reproduce well and may not get accepted by our signature department.

____ Misc Check (Billing, Impound, Agency)

____ Payroll Checks

All information is confidential and further disclosure of any part or parts contained here is prohibited.