

●●●● signature form

Please read and sign the attached form so that AccuPay may generate signed checks for your employees, benefits vendors, and/or garnishment payees as authorized by your company.

LIMITATIONS ON LIABILITY

1. AccuPay shall only be responsible for processing of payroll and tax payments on the data provided.
 2. It is understood that signed checks are negotiable documents and should be reviewed by an authorized representative of the company before distribution.
 3. AccuPay will not be responsible for any penalties or interest that result from the Client's error or omission.
- I understand that by signing this form, I am authorizing AccuPay to scan my signature for use in the preparation of payroll checks. I affirm that I am authorized to sign checks on the company's payroll account.

← SIGN HERE

INSTRUCTIONS:

1. Sign your name within the box above using a black ball point pen. Any portion of your signature which falls outside the box will not appear on your checks.
2. Return this form to AccuPay. Do not fold, bend or otherwise damage the form. You may fax it back to us at 317.885.7591.

Client (Company) _____

Please Print Name Signed Above _____



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