



Signature Scan Form

711 Coliseum Plaza Ct
Winston-Salem, NC 27106
Phone: (336) 773-0128
Fax: (336) 773-1055

Date: _____ Client ID: _____

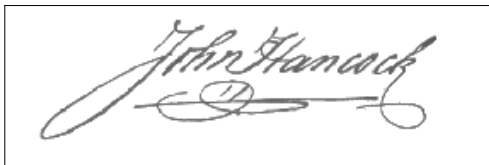
Client Name: _____

This form is being used to record the proper, authorized signature for scanning. Please use the following guidelines:

1. *It is IMPERATIVE that this document **NOT BE FAXED** after it has been signed!!
The original signed signature scan form must be mailed to:
Flex-Pay Business Services
711 Coliseum Plaza Court
Winston-Salem, NC 27106*
2. *Verify that this signature is the proper, authorized signature for your organization.*
3. *Use a good quality pen (blue or black ink only) when signing your name.*
4. ***Please keep your signature within the box.** The box represents the space available for signatures on the check.*
5. *If two people are required to sign, then both signatures must be entered in the same box as specified below (one above the other). Please write small enough to stay within the box provided and consider which signature you want to appear on top.*

* Please sign **inside** all three boxes on the right to insure that Flex-Pay can successfully scan your signature.

Single signature example



Double signature example

