



CBIZ Flex-Pay

723 Coliseum Drive
Suite 200
Winston-Salem, NC 27106
(336) 773-0128 phone
(800) 457-2143 phone
(336) 773-1055 fax

Signature Scan Form

Date: _____ Client ID: _____

Client Name: _____

This form is being used to record the proper, authorized signature for printing your signature when a live check is issued on your behalf. Please use the following guidelines:

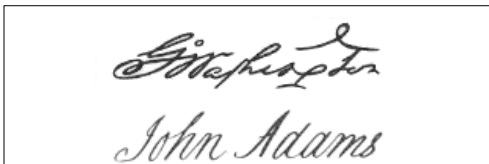
1. Scan and email this form to your District Manager or Payroll Specialist.
2. Please **do not fax** this form as the signature is not clear when received by CBIZ Flex-Pay.
3. Verify that this signature is the proper, authorized signature for your organization.
4. Use a good quality pen (blue or black ink only) when signing your name.
5. **Please keep your signature within the box.** The box represents the space available for signatures on the check.
6. 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 CBIZ Flex-Pay can successfully scan your signature.

Single signature example



Double signature example



Print Name of Signature in Box: _____

Person's Title: _____