PayMaster

Signature Authorization Form

Company Code _____ Company Name _____

Client's Bank Name _____

Please enter **all** the company codes for which this signature facsimile is to be used:

_____ _____ _____ _____ _____

Please complete the check signature authorization as follows:

1. Please sign all three (3) signature areas. Use the three blocks on top for one line signatures and the bottom six blocks for two line signatures.
2. Please use a **dark black** ink pen (**fine line felt tip** or **liquid ink** is preferable).
3. Your signature **MUST** fit **completely inside** each of the three boxes

Single Signature

Double Signature

Your PayMaster Representative will inform you of the date when check signing will become effective.

4. I authorize PayMaster to sign our checks using the above signature facsimile(s).

_____ / _____

Authorized Signature Print Name

Title _____ Date _____