



# SIGNATURE DIGITIZATION FORM

1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404  
5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

1. Sign using the practice boxes below.

**NOTE:** Any portion of signature outside of dotted lines will not appear on the check.

2. Sign in the "Final Signature" box using a **BLACK INK PEN**.

3. Mail (do not fax) to Payroll Data Services

Practice Boxes

Final Signature Boxes

[Dotted box for practice signature]

[Dotted box for final signature]

[Dotted box for practice signature]

[Dotted box for final signature]

[Dotted box for practice signature]

[Dotted box for final signature]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_