



# Signature Digitization Form

1020 James Drive STE O Hartland, WI 53029 262 563 5200 Fax 262 369 2404  
5202 East Park Blvd STE 106 Madison, WI 53718 608 245 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. Return this completed/signed form to your Client Service Representative.

### Practice Boxes

### Final Signature Boxes

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

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

**Return this completed/signed form to your Client Service Representative**