



Signature Digitization Form

1020 James Drive STE O Hartland, WI 53029 (262) 563-5200 Fax (262) 369-2404

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