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LASER CHECK SIGNATURE FORM

CLIENT NAME _____

TODAY'S DATE _____

*****USE BLACK INK ONLY*****

Please sign **within** the lines of the boxes below. If two signatures are needed for check signing, use the boxes on the right.

Single Signature

Double Signature

Rescan single signature \$85.00 fee
Rescan double signature \$125.00 fee

MAIL THIS COMPLETED FORM TO YOUR CPS REP. DO NOT FAX.