

run POWERED BY ADE

COMPANY CODE _____ COMPANY NAME _____

☐ NEW - 1ST PROCESSING DATE _____ ☐ CHANGE ☐ TRANSFER

☐ ADPCheck Please check for ADPCheck only (The client's signature will appear with the ADP Authorized Signature)

COMPLETE THE CHECK SIGNATURE AUTHORIZATION AS FOLLOWS:

A. PLEASE PRINT THE CHECK SIGNER'S NAME CLEARLY IN THE SPACE PROVIDED (BELOW #1).

B. PLEASE USE A DARK BLACK INK PEN (FELT TIP FINE LINE OR LIQUID INK IS PREFERABLE). DO NOT USE BLUE INK. PLEASE SIGN ALL THREE (3) SIGNATURE AREAS (BELOW #2). USE THE THREE BLOCKS TO THE LEFT FOR ONE LINE SIGNATURES OR THE THREE BLOCKS TO THE RIGHT FOR TWO LINE SIGNATURES. SIGNATURES MUST BE WITHIN THE BLOCK MARGINS. ANY PART OF THE SIGNATURE OUTSIDE THE SIGNATURE BLOCK WILL CAUSE THAT SIGNATURE TO BE UNACCEPTABLE.

▪ EXTRA TEXT UNDER 1ST SIGNATURE LINE (i.e. Title) _____

▪ EXTRA TEXT UNDER 2ND SIGNATURE LINE (i.e. Title) _____

1. PRINTED NAME(S): _____

2. SIGNED NAME(S):

(FOR ONE LINE SIGNATURE)

(FOR TWO LINE SIGNATURES)

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(EXAMPLE)

Your Signature

(EXAMPLE)

Jane Doe
John Doe

YOUR ADP REPRESENTATIVE WILL INFORM YOU OF THE DATE WHEN CHECK SIGNING WILL BECOME EFFECTIVE.