

# LASER CHECK SIGNATURE FORM

Company Name: \_\_\_\_\_

PLEASE SIGN WITHIN THE BOUNDARIES of the appropriate boxes making sure that all 3 boxes are filled out. With double signatures, please be sure that BOTH signatures are written in all 3 boxes. To be assured of a clear signature, please sign as neatly as possible.

## USE BLACK INK ONLY

*Signatures done in blue ink may be rejected.*

### Single Signatures

All three boxes must be signed.

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### Double Signatures

All three boxes must have both signatures.




PLEASE DO NOT FAX SIGNATURES.  
SEND ORIGINAL COPIES.

Paylocity Corporation  
3850 N. Wilke Road  
Arlington Heights, IL 60004  
847-640-4400  
Fax: 847-956-1926