

Check Signature Form

Today's Date: ____/____/____

Client ID Number: _____

Client Name: _____

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

USE BLACK INK ONLY

All signatures done in blue ink may be rejected.

Single Signatures

Both boxes must be signed!

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Double Signatures

Each box must have both signatures!

IT IS NOT RECOMMENDED TO FAX SIGNATURES. PLEASE SEND ORIGINAL COPIES.

TURN AROUND TIME IS APPROXIMATELY 24 HOURS

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