



Electronic Signature Form

I authorize Affiliated Payroll Services to apply an electronic copy of my signature(s) on Payroll checks for:

Company Name

Limitations on Liability

It is understood that signed checks are negotiable documents and should be reviewed by an authorized representative of the employer before distribution.

Please authorize this form in the space provided to initiate this service. Additionally, please apply your original signature to a blank piece of paper .

Client Signature: _____ Date: _____

Printed Name and Title: _____