

Electronic Signature Form

Wayne County Regional Educational Service Agency

District: _____

Contact Name: _____

Contact Email Address: _____

Application(s): Payroll Accounts Payable Purchase Orders

Signature Name: _____

Signature Name: _____

Sign full signature(s) in the box below.
All signatures must fit within the boundaries of the box.
Anything **outside** of the box will be **cut off**.

Use a black roller ball pen. **Do not use blue ink.**

Send original to: Secretary, Information Technology
Wayne RESA
33500 Van Born Road
Wayne, MI 48184-2497

Office Use

Scanned by: _____ Date: _____

Consultant: _____