

School District Name: _____

Signature Digitization Form

Instructions:

- Use a Black Felt fine tip pen only as it provides a cleaner signature (i.e. – Sharpie Ultra Fine Point).
- **DO NOT USE BALL-POINT PENS, PENCIL, BLUE INK, or MAGIC MARKERS.**
- Check the box if you want your title below your signature (applicable to AP Checks only).
- Check the box if you want an underline to display below your signature (applicable to AP Checks only).
- Sign your name **inside the box ONLY**. If you do not sign within that area, your signature will be returned to you. Your signature cannot touch the border.
- **DO NOT FOLD THE PAPER.** Return the unfolded paper in a large size envelope.
- One form per signer, unless a double signature is required.
- **ABSOLUTELY NO FAXES OR PHOTOCOPIES OF THE FORM.**
- The form must have an original signature.
- Signatures will be processed on the 1st and 3rd Friday of each month.
- Failure to follow these simple instructions will result in your signature being returned to you.

Contact Information

Please fill out this section with the contact who should receive the completed signature. Print legibly.

Name:

Phone:

Delivery preference:

Check the box indicating your delivery preference and fill-in the appropriate information. Print legibly.

☐ Email:

☐ Mailing address:

Address 1:

Address 2:

City:

State: Zip:

Single Signature

Print Your Name

Print Your Title

Double Signature

Print Your Name

Print Your Title

Print Your Name

Print Your Title

Signature to be used for:

☐ Accounts Payable

☐ Include Title (AP only)

☐ Include Underline (AP only)

☐ Payroll Checks

☐ Purchase Orders

☐ Salary Letters