

**SIGNATURE VERIFICATION FORM**

|                                 |
|---------------------------------|
| Name of Company(s):             |
| Client Number(s):               |
| Authorized Signer please print: |

Please check one of the following boxes:

SIGN CHECKS ONLY

SIGN AND SEAL

Please have your authorized representative(s) sign in boxes as instructed and return this form to us.



**INSTRUCTIONS**

A. Please sign your name in the boxes provided without touching the borders.

Write as heavily as possible using a black ball point pen.

Box One

B. If one signature is required, please sign in Box One.

If two signatures are required, please use Box Two for the second signature.

Box Two



|                              |                |         |                |               |
|------------------------------|----------------|---------|----------------|---------------|
| <b>FOR INTERNAL USE ONLY</b> |                |         |                |               |
| Received                     | ____/____/____ | Entered | ____/____/____ | By _____      |
| Block Used                   | _____          | Scanned | _____          | Edited _____  |
|                              |                | Saved   | _____          | Sigconv _____ |